

Tidioute Community Charter School  
Foodservice Department

Date \_\_\_\_\_

My child \_\_\_\_\_ has allergies to the following foods.

- Peanut
- Tree nuts, of any kind
- Egg
- Milk
- Soy
- Wheat/Gluten
- Corn
- Fish/Shellfish
- Legumes

Other \_\_\_\_\_

Is this a life-threatening allergy?

Life threatening reactions may include swelling of the lips, mouth or throat. Other reactions that

my child may exhibit are \_\_\_\_\_.

If they can not breathe call the school nurse to administer emergency medication or call 911 immediately. Our phone numbers in case of emergency;

cell \_\_\_\_\_ cell 2 \_\_\_\_\_

Closest Hospital \_\_\_\_\_ phone # \_\_\_\_\_

Our Address is \_\_\_\_\_, \_\_\_\_\_

Our primary physician for non-emergency \_\_\_\_\_

Other contacts \_\_\_\_\_

Our Home number is ( ) \_\_\_\_\_

Our insurance carrier is \_\_\_\_\_ policy # \_\_\_\_\_

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