

St. Bernadette Clinic

May, 2015

Dear parents of children with PEANUT/NUT product allergies,

This summer as you visit your child's physician please take this form along with you, for completion for the 2015-2016 school year.

Our cafeteria provides a 'peanut free' table that allows a safe environment for those children that have this allergy. If you and your child's physician do not feel it is necessary for him/her to sit in this designated area please completed the appropriate section below.

Student's name _____ Gr. _____ Rm. _____

Choose one:

My child **MUST** sit at a **PEANUT/NUT FREE** table.

Parent Signature: _____ **Date:** _____

Comments: _____

My child may sit at a table with other children who **may** be eating PEANUT/NUT products knowing that they are **not** protected from exposure to these products.

Physician Signature: _____ **Date:** _____

Comments: _____

Parent Signature: _____ **Date:** _____

Comments: _____

Parents please keep in mind that throughout the school year teachers/ room moms will host parties for the students. Parents are reminded to omit peanut/nut products when sending snacks in however, this can not be guaranteed. With this in mind check the appropriate box below:

My child may eat snacks brought in by other students.

My child may only eat snacks brought in from home.

Thank you for your continued support,

Janet Calvey, R.N.
Chris Jacobson, R.N.