

JEFFERSON TOWNSHIP PUBLIC SCHOOLS

SEATING ACCOMODATIONS FOR FOOD ALLERGY

Your child, _____, has been
identified as having a potentially life threatening food allergy to
_____.

Please complete the information below:

☐ ____ Yes, my child requires special seating in the lunchroom i.e.: allergen free lunch table to minimize the possibility of exposure.

☐ ____ No, my child does not require special seating accommodations in the lunchroom. I am aware of the risk of exposure which may cause a life-threatening allergic reaction and have instructed my child on his allergy and precautions/avoidance of certain food(s).

Parent/Guardian Signature

Date