

**Lunch Table Preference for students with severe food allergies**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear Parents of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For students who have a life-threatening allergy, an allergen-aware table will be provided at lunch. Please sign and return this form to the Health office / Nurse indicating where you would like your child to be seated.

If you request an allergen-aware table, your child will eat at an allergen-aware table.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Allergen-aware table

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Regular lunch table

Also if you wish to change your preference during the year, please send a written letter or complete a new form notifying the school nurse.

Please note that your child will sit at the allergen-aware table until this form is returned.

Thank you for your cooperation,

School Nurse’s at District 81 Schiller Park Schools.

Parent Signature