

**JAC-CEN-DEL**



**Jac-Cen-Del Elementary School**

4544 North US 421

Osgood, IN 47037

Phone: (812) 689-4144

Fax: (812) 689-7423

***“A Four Star school with four star students and staff.”***



Mr. Travis Rohrig

Principal

[trohrig@jaccendel.k12.in.us](mailto:trohrig@jaccendel.k12.in.us)

Dear Parent/Guardian,

Your child’s medical card states that he/she is allergic to a specific food. Please know that we are required to offer all foods listed on the menu to all students unless a doctor’s signature is noted on the form below. If there are foods on the menu that your child should not have simply pack a lunch until this form is signed and returned to school.

You may fax this form to 812-689-7423 or return it to school with your child.

Thank you for your cooperation,

Kara Huff, RN

Brenda Beverly, Cafeteria Manager

Name of Student \_\_\_\_\_

This child is allergic to the food(s) listed below. The reaction is **severe or life threatening** and should not be served to him/her at school. Special accommodations should be made for this child.

Allergy: \_\_\_\_\_ Reaction: \_\_\_\_\_ Treatment: \_\_\_\_\_

Physician Signature: \_\_\_\_\_

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

Parent Signature: \_\_\_\_\_

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

*(Form must be submitted annually)*

