Food Allergy Disclosure Form

To ensure the safety of your child, Flowers Education Consulting Services LLC is requesting that you complete the following Food Allergy/Severe Food Allergy Information.
This form allows you to disclose whether your child has a food allergy or severe food allergy that you believe should be disclosed to Flowers Education Consulting Services LLC, in order to enable employees of Flowers Education Consulting Services LLC to take necessary precautions for your child's safety.

"Severe food allergy" is defined as a dangerous or life-threatening reaction of the human body to a food-borne allergen introduced by inhalation, ingestion, or skin contact that requires immediate medical attention.

Please list any foods to which your child is allergic or severely allergic, as well as the nature of your child's allergic reaction to the food.

IF YOUR CHILD DOES NOT HAVE ANY FOOD RELATED ALLERGIES, PLEASE INDICATE NO ALLERGY AND RETURN THE FORM SIGNED AND DATED.

Food:
_____

Nature of allergic reaction to the food: _____

_____

_____

_____

Flowers Education Consulting Services LLC will maintain the confidentiality of the information provided above and may disclose the information to the appropriate personnel.

Student name: _____

Parent/Guardian name: _____

Parent/Guardian Signature: _____

Date: _____