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Dr. William C. Hardin, Superintendent

Food Allergy Form

Complete this form ONLY if you are requesting food substitutions or other accommodations for a student with a food allergy.

Date: _____ School: _____ Grade: _____

Name of Student: _____

Name of Parent: _____

Daytime Telephone Number: _____

Signature of Parent: _____

**The following information must be provided by a medical doctor.
No action will be taken unless form is fully completed and signed by a physician.**

Physician's Name _____ Phone Number _____

What specific food(s) is the child allergic to? _____

What type of reaction does the food cause? For example: hives, shortness of breath, etc.

What triggers the allergic reaction? For example: ingestion, direct contact, inhalation, etc.

How is the reaction treated? _____

Food substitutions are made for students with allergies. Do you recommend any further accommodations for this student? If so, please list. _____

Signature of Physician _____

Date _____