Wall Township Public Schools
Food Allergy/Restriction Questionnaire

In order to ensure the safety of your child at school and assist the classroom teacher, we would like to ask you to complete in as much detail as possible, information regarding foods that your child may have for snack and what foods your child must absolutely avoid. Please be advised that this information will be shared with appropriate school personnel for the safety of your child.

If your child is allergic to nuts please specify which nuts they need to avoid and if there are any nuts they can safely eat. For example, allergy to walnuts and almonds but can have pecans and peanuts.

If your child is allergic to fruits please specify if it is the actual fruit only or if the allergy is to all forms of the fruit. Are artificial flavorings of the fruit acceptable? For example, allergy to apples but can have apple juice, applesauce or apple-flavored candy.

Please specify if the food product they are allergic to needs to be avoided altogether or if a certain quantity is acceptable. For example, allergy to milk but can have 2 oz. a day of chocolate milk.

Finally, please provide us with suggested snacks that you normally would provide at home; be very specific about what your child must avoid.

Student's Name_____Grade_____

Food allergy/restriction to _____
☐ Airborne ☐ Topical ☐ Ingestion

Avoid food totally or limit the amount? _____

May have a limited amount (be specific) _____

My child may be in the same room with other children eating this food product? ☐ Yes ☐ No

My child must avoid the following prepared foods & baked goods
_____

_____

Snacks that my child can eat (be specific) _____

My child is allowed to self select items from the cafeteria and knows his/her restrictions? ☐ Yes ☐ No

Symptoms of my child's reaction:
_____

My Child must sit at the "Allergy Aware Table" in the Cafeteria (if applicable). ☐ Yes ☐ No

Medications necessary to treat my child's reaction to this food allergy are_____

If medication is needed at school additional paperwork needs to be completed by **you and your child's doctor**.

Parent Signature_____ Date_____