

Student's Name	
Grade	Teacher's Name
Dear Parent/Guardian(s):	
Your child's emergency card lists the following allergies:	
	Food (please specify)
	Bee/Insect
	Environmental (please specify)
	Animal (please specify)
	Shellfish
	Peanuts
	Dairy/Lactose
	Latex
	Other (please specify)

Please have a **<u>Physician</u>** complete and return the attached **<u>Prescription for Special Diet/Meals at School</u> to your student's School Nurse. You may fax, mail, send or bring this form to school.**

Our fax number is _____.

Thank you for your prompt attention to this important matter.

Sincerely,

School Nurse Signature

Date