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**www.piscatawayschools.org**

Robert L. Copeland   
 Superintendent of Schools

Deborah I. Dawson, Psy.D.  
 Coordinator of Health Services

Dear Parents/Guardians:

Food allergies affect children in many ways, with reactions ranging from itching or a rash to hives and difficulty breathing. There is a system in place whereby your child’s food allergy can be alerted to the food service personnel when your child checks out of the food line.

In order to activate this system, you need to complete the form below and return it to the school nurse, who in turn will send the form to Sodexo School Services at the High School (732-981-0700 ext. 2289). Once the form is returned, the allergy information will be entered into the computer system by Sodexo’s staff. The food allergy information will be entered onto your child’s health record as well.

When your child enters his/her ID number upon point of sale, in addition to your child’s name and balance on account, a “Dietary Notice” of food allergies will appear. This alerts food service personnel that this food item should not appear on your child’s tray. If it does, food service personnel will remove the food and talk with your child.

You should be aware, however, that this system may not identify allergens that are ingredients in other foods, such as chicken nuggets or baked goods.

It is hoped that this service will assist with the health and well being of your child. However, this service is not intended to replace parental responsibility for insuring that their child makes appropriate food selections from the school cafeteria.

Sincerely,

Dr. Diane Janson Jim Giannakis

Director of Pupil Services Sodexo Food Service Manager

##### Complete and Return to the Nurse at Your Child’s School

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Child’s Name ID Number School

**Grade\_\_\_\_\_\_\_\_\_**

My Child has the following **food** **allergies** (do not include personal, religious or cultural preference):

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Describe the reaction that your child has \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that this information will be entered into the Sodexo School Services system and onto my child’s health record.

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Signature of Parent/Guardian Date

2/12