

**Gregory Portland Independent School District  
Gregory Portland Health Services  
Request for Allergy Information**

This form allows you to disclose whether your child has a food allergy or a severe allergy, not for seasonal allergies, that you believe should be disclosed to the District in order to enable the District to take necessary precautions for your child's safety.

"Severe allergy" means a dangerous or life-threatening reaction of the human body to allergens introduced by inhalation, ingestion, or skin contact that requires immediate medical attention.

Please list anything (food, insect, etc.) that your child is allergic or severely allergic to, as well as the nature of your child's allergic reaction to the item listed.

Allergen: (Food, insect)	Nature of allergic reaction: ( What happens)

The District will maintain the confidentiality of the information provided above and may disclose the information to teachers, school counselors, school nurses, and other appropriate school personnel only within the limitations of the Family Educational Rights and Privacy Act and District policy.

Student name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian name: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date form received at the school: \_\_\_\_\_

*This plan is in effect for the current school year and summer school as needed.*