

Dr. Frank Ranelli Superintendent of Schools 5205 Ludlow Street Piscataway, NJ 08854 732 699-1563 x5481 Fax 732 844-9407 www.piscatawayschools.org

Deborah I. Dawson, Psy.D.
Supervisor of K-8 Counseling and Health Services

Dear Parents/Guardians:

Signature of Parent/Guardian

Food allergies affect children in many ways, with reactions ranging from itching or a rash to hives and difficulty breathing. If you notify us of your child's food allergy, food service personnel will be alerted when your child checks out in the food line.

Please 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). A new form must be completed each school year. 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. If your child cannot drink milk and you would like to substitute juice for milk, a doctor's note is required. Please attach the note from your child's doctor to this form when you return it to the nurse.

When your child enters his/her ID number at check out 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,			
Theresa Edmondson		Jamie Giorualista	
Supervisor of College, Career & Personal	l Guidance	Sodexo Food Service Manager	
Complete and Ret	urn to the Nurse at Y	our Child's School	
A new form m	ust be completed eac	ch school year.	
* * * * * *	* * *	* * *	* *
Child's Name	ID Number	School	Grade
My Child has the following <b>food al</b> preference):	llergies (do not include	e personal, religious or	cultural
My child has no food allergies.			
I understand that this information wi onto my child's health record.	ll be entered into the	Sodexo School Servio	ces system and

Date