

**Important Message from the School Nurse**

Dear Parent/Guardian:

Your child's record indicates a Food Allergy is present.

For the 2017-2018 school year your child will be seated away from the  
General cafeteria seating unless you send a note to the teacher or nurse.

You may return this form tomorrow authorizing your child to sit in the general  
student seating if you wish.

\_\_\_\_\_, does not have to sit at the Peanut  
Free table or the Nut Free Table. They may join their class/grade in general  
seating.

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Parent Signature \_\_\_\_\_

Date \_\_\_\_\_