PISCATAWAY
TOWNSHIP SCHOOLS

Teresa M. Rafferty
Superintendent of Schools

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

5205 Ludlow Street
Piscataway, NJ 08854
732 699-1563 x5481
Fax 732 844-9407
www.piscatawayschools.org

Dear Parents/Guardians:

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,

Deidre Ortiz
Director of Pupil Services

Jim Giannakis
Sodexo Food Service Manager

Complete and Return to the Nurse at Your Child's School

A new form must be completed each school year.

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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):

_____

_____My child has no food allergies.

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

_____ _____

Signature of Parent/Guardian Date