

**Central Square Music Boosters – Student Food Allergy  
Disclosure**

If your child has a food allergy or severe food allergy that should be disclosed to the Music Boosters, please fill out this form and return to either Ron Haldeman or Patti Stringer by August 3rd.

The purpose of this form is to inform the Music Booster organization of possible food allergy / hazards during mealtimes or competition bus trips.

Student Name: \_\_\_\_\_

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

\_\_\_\_\_ My child does not have any known food allergies.

\_\_\_\_\_ My child has the following food allergies that the Music Boosters should be made aware of:

**Food Name**

**Nature of Allergic Reaction**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I understand that since I am providing this information without documentation of a food allergy from a physician that this information will NOT be placed in the health records maintained by the Central Square School District.

Parent/Guardian Signature \_\_\_\_\_