



## Health Services

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Date: 2019-20 School Year

Re: Nut Free Cafeteria Table Preference for Students in Grades K - 6

Dear Parents:

You have informed us that your child, \_\_\_\_\_ has a nut allergy. A nut free cafeteria table is available for his/her safety at lunchtime. Please indicate your intentions regarding your child sitting at the Nut Free table. Remember, your child can invite a friend to sit with them at this table as long as the friend is buying lunch from the cafeteria and has not brought any additional food from home.

Please check the appropriate statement indicating your intentions.

\_\_\_\_\_ My child is to sit at the Nut Free table daily.

\_\_\_\_\_ My child does not need to sit at the Nut Free table.

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

**Please note that any child with a nut allergy will be required to sit at the nut free table unless we have received written notification that it is not necessary.**