



**PEANUT & NUT FREE TABLE at LUNCHTIME**

Dear Parent and/or guardian:

The medical information we have on file indicates that your child has a peanut or other nut allergy. To ensure the safety of your child we have a Peanut & Nut Free table in the lunchroom. Please complete this form and return it to the nurse ASAP. If your child is seated at any other table with their classmates, rather than the **PEANUT & NUT FREE** table, they will not be individually monitored to ensure that they are in a Peanut & Nut free environment.

If you have questions or concerns, please call the school nurse.

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Student Name: \_\_\_\_\_ Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

My child **NEEDS** to be seated at the peanut & nut free table during lunch.

My child **DOES NOT NEED** to be seated at the peanut & nut free table during lunch.

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

\_\_\_\_\_  
*Date*