**Peanut Free Table at Lunch**

Dear Parent/Guardian,

We have on record that your child has a peanut or nut allergy. As a safety precaution we have made your child’s classroom a peanut and nut free zone. We will be checking all food items brought into the classroom to make sure that they contain no peanuts or nuts. We advise that the parent provide a few snacks so your student can have in class in case special treats and or parties. Your child’s teacher can hold onto them.

In our elementary buildings, we also provide a peanut/nut free table at lunch for students that have a peanut/nut allergy. Your student can have other classmates sit at the table with them as long as they are purchasing a school lunch with foods items we know are safe for the table. Special care is taken into how the table is cleaned. If you want your child to sit at the peanut/nut free table please complete this form so we can share this information with our lunch aides. Once the form is completed send it back to school with your child.

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Students Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade:\_\_\_\_\_\_\_\_ Teacher:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_Yes, I would like for my child to sit at the peanut/nut free table at lunchtime on a daily basis. I will not send any peanut/nut products in their lunch if they sit at this table.

\_\_\_\_\_\_\_\_\_No, I do not feel that my child needs to sit at the peanut/nut free table at this time. If I change my mind I will complete another form.

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