



SAHUARITA UNIFIED SCHOOL DISTRICT #30

SAHUARITA HIGH SCHOOL
SAHUARITA MIDDLE SCHOOL
SAHUARITA PRIMARY SCHOOL
ANZA TRAIL SCHOOL

WALDEN GROVE HIGH SCHOOL
SAHUARITA INTERMEDIATE SCHOOL
SOPORI ELEMENTARY SCHOOL
COPPER VIEW ELEMENTARY SCHOOL

EARLY CHILDHOOD CENTER



SCHOOL HEALTH SERVICES

Parent MILK Allergy/Sensitivity/Intolerance Information Letter

To the parent of _____

Date: _____

While reviewing the Student Health History Form you completed for your child, it was noted you indicate he/she may have a MILK allergy/sensitivity/intolerance to MILK.

In order to provide better health care services for your child in school, we need to know if this is currently an issue, and if your child requires special medical diet, food substitution, and/or observation for this condition at school.

Please complete the section below and return to me at school, with appropriate documentation as requested. If you have any questions or concerns please feel free to contact me at any time. All medical information is confidential and will be shared only with teaching staff working directly with your child.

Thank you.

School Health Staff

If this is not a health concern for your child, please check the box below, sign the bottom of this page and return to the school nurse.

- ☐ This is not a health concern.
☐ My child has an allergy/sensitivity/intolerance to MILK and does not drink milk, but is able to eat foods that contain milk/dairy. Please provide my child with water or juice at breakfast/lunch instead of milk.
☐ My child has an allergy/sensitivity/intolerance to MILK and can NOT eat foods containing milk or dairy products. I understand that my student must have a Medical Statement for Student with Food Allergy, Food Restriction or Special Needs Diet Form on file with the School Health Office in order for the cafeteria to accommodate special dietary needs other than Milk Substitution. PLEASE PROVIDE THE FOLLOWING DOCUMENTS ANNUALLY TO THE SCHOOL HEALTH OFFICE:
☑ Medical Statement for Student with Food Allergy, Food Restriction or Special Needs Diet form signed by a Licensed HealthCare Provider (provide once and update as needed). If this form is NOT submitted to the School Health Office, then the cafeteria can NOT make accommodations for your child.
☑ Food Allergies Medical Management Plan for School Form signed by a Licensed HealthCare Provider and parent/guardian: If student requires and Epi-Pen
☑ Please see school health staff if your child requires medications to be given at school.

Name of Parent and/or Guardian

Signature

Date