MALLETTS BAY SCHOOL
Food ingredient/label Verification Form

DIRECTIONS: This form is to be completed at least 48 hours PRIOR to any food products being brought to the classroom in which there is a student with a food allergy that will be shared with the class. (Birthday treats or classroom celebrations).

PLEASE SUBMIT THIS FORM TO THE SCHOOL NURSE with ALL INGREDIENTS
It will be returned to you indicating whether the item will be allowed in the class.

Once approved, please send this approval form to school with the snack item to the SCHOOL NURSE. Upon final inspection, the snack will be brought to the classroom.

Date of Activity:_____ Date of Request:_____

Student Name:_____Teacher:_____

Classroom allergy: ___ Peanut
___ Tree Nut
___ Other (Specify)_____

ACTIVITY: (Describe the activity/event for the food item)

ATTACH COMPLETE INGREDIENT LIST AND/OR FOOD LABEL & SUBMIT TO SCHOOL NURSE 48 HOURS PRIOR TO BRINGING ITEM TO SCHOOL

TO BE COMPLETED BY SCHOOL NURSE:

_____ Ingredient List complete
_____ Food Item allowed for use in the classroom

_____ Ingredient List Incomplete, more information needed
_____ Food item NOT allowed for classroom use

_____ School Nurse Signature _____ Date