

Colchester Middle School
Food Ingredients/Label Verification Form

Directions: This form is to be completed at least 48 hours prior to any food products being brought into a classroom in which there is a student with a food allergy. The classroom teacher is to complete this form, submit it to the CMS School Nurse for review and approval. If approved, a signed copy of this form will be kept on file with the school Principal.

Date of Activity: _____ Date of Request: _____

Teacher: _____ Team: _____ Grade: _____

Activity: (Describe the activity and the food item(s) to be used:

Food Allergy: Peanut Allergy
Tree Nut Allergy
Other: (Specify): _____

Ingredients/Label Verification:

- List of Ingredients and/or food label(s) attached to this form?
- List/Label(s) have been reviewed by the school nurse?
- The List/Label(s) review resulted in no risk to the student(s) with the indicated allergy.
- The List/Label(s) review resulted in a noted risk to the student(s) with the indicated allergy.

Findings: The food items are allowed for use in the classroom.
 The food items are NOT allowed for use in the classroom.

School Nurse's Signature

Date