

Dear Parent:

I understand that your child, _____ has a peanut/nut allergy. Since there are many children with varied degrees of peanut allergies, I would like to clarify whether or not your child is required to sit at the peanut/nut free table.

Please indicate by checking off the appropriate box:

My child **MUST** sit at the "Peanut Free" table everyday at lunch.

My child does not need to sit at the "Peanut Free" table at lunch.

Parent Signature: _____ Date: _____

- A copy will be with the teacher and in the nurse's office.



ST. PATRICK
CATHOLIC SCHOOL