

Food Allergy Management and Prevention

Date: [Insert Date]

To Whom It May Concern,

I am writing to inform you about the food allergies and dietary restrictions of my child, [Child's Name], who is in [Grade/ Class Name]. It is essential for their health and safety to adhere strictly to the following guidelines regarding their food choices.

Allergies:

- Allergy 1: [Specify Allergen (e.g., Peanuts)]
- Allergy 2: [Specify Allergen (e.g., Tree Nuts)]
- Allergy 3: [Specify Allergen (e.g., Dairy)]

Safe Food Choices:

- Safe Food 1: [Specify Safe Food (e.g., Sunflower Seed Butter)]
- Safe Food 2: [Specify Safe Food (e.g., Coconut Milk)]
- Safe Food 3: [Specify Safe Food (e.g., Fresh Fruits)]

Emergency Procedures:

In the event of an allergic reaction, please follow these steps:

1. Administer [Specify Medication, e.g., EpiPen] immediately.
2. Call emergency services at [insert phone number].
3. Contact me at [insert phone number].

Thank you for your attention to this important matter. I appreciate your support in keeping [Child's Name] safe while at [School/Organization Name].

Sincerely,

[Your Name]

[Your Relationship to Child]

[Your Contact Information]