

**WILMINGTON PUBLIC SCHOOLS**  
**Lunchroom Seating**

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_ Room \_\_\_\_\_

Food Allergy \_\_\_\_\_

- My Child, \_\_\_\_\_ has parent permission to **sit in the general seating** in the cafeteria, during lunch. We have discussed food safety and responsibility when not sitting in the peanut free table.
  
- My Child, \_\_\_\_\_ must sit at the **peanut free table** in the cafeteria during lunch (child's lunch must be peanut free, including items with disclaimers for possible cross-contamination).
  
- I give permission for my child's food allergy information to be added to the Food Service computer system.

*If any of the above changes during the school year, I will inform the School Nurse in writing of this change.*

**Important:** *Please remember to provide a physician's note for any changes in allergies.*

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_