

MT PLEASANT CENTRAL SCHOOL DISTRICT
PEANUT FREE TABLE FORM

Re: Student: _____

Dear Parents:

In order to keep the children with allergies safe, I am asking for clarification regarding your child's lunch seating arrangement. We have a "PEANUT FREE TABLE" and would like to know if you want your child seated there.

If your child has been identified as having a peanut/tree nut or peanut butter related allergy, please indicate below whether or not you wish your child to be seated at our "Peanut Free Table" in the cafeteria. As always safety is our priority. Thank you for your prompt response:

_____ My child can be assigned to sit at the Peanut Free Table.

_____ My child will not sit at the Peanut Free Table

Parent Signature

Date