



Weymouth Public Schools

ALLERGEN ALERT NOTIFICATION



Date: _____ (at least 7 school days ahead of lesson)

Dear Parents/Guardians,

I am writing to inform you that on _____ (date), our class will be using the following food products as part of a lesson in _____ (subject/content area). Absolutely no substitutions will be made to this list.

Specific brand names and products to be used (ex. "Nabisco Grahams - Original")*

****Please see the attached ingredient list(s) from the food manufacturer(s) for all foods to be used in this lesson***

This activity is aligned to the curriculum _____ (Principal initials).

The teacher has sent a copy of this form to the nurses' office.

Please contact me with any food allergen concerns for your child by _____ (date).

Sincerely,

Teacher Name & Grade : _____
School Name : _____
Teacher/school phone number: _____
Teacher email: _____