

**WOW Christian Preschool
Food Allergy Policy and Agreement Form**

My child _____, has the following food allergy:

Please describe in detail the food your child has an allergy to:

Please describe the reaction that your child has had when exposed to the food allergy:

Please explain the doctor prescribed procedure for retting the allergy:

If your child has been prescribed an Epi-Pen or any other medication, we require that you provide the school with a pen that will stay in the school office (in a locked medic box). The pen or other medication must be in the original container with the original prescription, dosage clearly able to read.

Other Requirements:

1. I agree to bring a renewed prescription to the office anytime one is written for my child
2. I agree to teach safety habits to my child, and make sure that the staff is informed of what my child knows and does not know about his/her allergy.
3. I recognize the risks of accidental exposure to foods
4. I will provide a substitute snack item if needed for special occasion days.
5. I agree to send a unique water bottle clearly labeled with my child's name.

The staff in your child's class will:

1. Never allow sharing of foods.
2. Make sure that table and chairs are consistently cleaned after meals
3. Hands and faces are washed after all meals
4. Caution is taken during projects and special occasion day
5. Your child is only given to eat what you as the parent provide
6. The staff will call you immediately if there becomes a food allergy emergency.

I agree to WOW Christian Preschool Food Allergy Policies. I give permission for any staff member to administer treatment in the event of an allergic reaction in my child, and for 911 to be called if the staff deems necessary.

Parent Signature: _____ Date: _____

Please check off box if your child has no food/other allergies AND please sign & date