

St. Patrick School Allergy Acknowledgment Form

20 Pleasant Street Stoneham, MA 02180 | 781.438.2593 | office@stpatrikschoolstoneham.org

Name of Child _____

Address _____

Date of Birth _____

I/We, the undersigned custodial parent(s)/ court-appointed guardian(s) of the child identified above (hereinafter referred to as the “child”), hereby:

1. Certify that I/we have provided St. Patrick School with the most up-to-date information concerning the child’s allergy/allergies and I/we personally reviewed and approved all written documentation concerning the child’s allergy/allergies that has been provided to St. Patrick School;
2. Agree to promptly provide St. Patrick School with any additional and/or updated information about the child’s allergy/allergies as it becomes available;
3. Acknowledge meeting with _____ (name and title of school administrator or her/his designee) on _____, at which time I/we discussed the child’s allergy/allergies, went over guidelines followed by St. Patrick School for allergies, clearly explained the accommodations I/we requested for the child, heard the recommendations from St. Patrick School concerning EpiPen’s and medical identification bracelets/tags, and received a copy of the St. Patrick School Guidelines for Food Allergies;
4. Understand that, while St. Patrick School takes life-threatening allergies very seriously and attempts to follow the guidelines established by the Archdiocese of Boston for life-threatening allergies, St. Patrick School is not an environment free of peanuts, tree nuts and other allergens, and St. Patrick School cannot guarantee the safety of the child;
5. Authorize full disclosure to the faculty, staff, administration and volunteers of St. Patrick School of all information concerning the child’s allergy/allergies deemed relevant by the administration of St. Patrick School; and
6. Acknowledge that St. Patrick School highly recommends that each child with a life-threatening allergy in Grades K-8 carries her/his person at all times a duly prescribed EpiPen, and choose as follows for the child (initial appropriate line):

_____ **Pre-K-** An EpiPen for the child will be held by the teacher and/or aide

_____ **Yes** – I/we will have the child carry a duly prescribed EpiPen on her/his person at all times while attending school and events at St. Patrick School.

_____ **No** – I/we, against the express advice of St. Patrick School, do not want the child to carry an EpiPen on her/his person while attending school and events at St. Patrick School, understand that an EpiPen will not always be readily available for prompt administration to the child if she/he has an allergic reaction, and accept all responsibility for and release St. Patrick School, its faculty, staff, administration and volunteers from any and all liability for any injury to the child resulting from delays in administering an EpiPen injection to the child because the child was not carrying an EpiPen on her/his person.

Signature of Parent/Guardian _____ Signed on ____/____/____

Printed Name _____

My child may sit at the **NUT FREE** table or **ANY** table at lunch. (Circle one and sign)

Signature of Parent/Guardian _____ Signed on ____/____/____