

JUMP Preschool Inc. & Kindergarten

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 treating the allergy.

If your child has been prescribed an Epic-Pen or any other medication we require that you provide the school with a pen that will stay in your child's classroom (in a locked medic box). The pen or other medication must be in the original container with the original prescription, dosage clearly able to be 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 agree to make sure I have sent enough foods for the duration of my child's stay at preschool/K. I understand that the school will not be able to provide extra food.
5. I understand that it is my responsibility to provide a supply of non perishable emergency foods as well as extra foods for my child. I will provide a substitute snack item if needed for special occasion days.
6. I agree to send a unique water bottle clearly marked with my child's name.

The staff in your child's class will:

1. Require that no children come to school with the food item of your child's allergy.
2. Never allow sharing of foods.
3. Make sure that table and chairs are consistently cleaned after all meals.
4. Hands and faces are washed as children arrive and after all meals.
5. Caution is taken during projects and special occasion days.
6. Your child is only given to eat what you as the parent provide.
7. The staff will call you immediately if there becomes a food allergy emergency.

I/we agree to JUMP Preschool Inc Food Allergy Policies. _____, _____
(signature) (date)

I/we 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 . _____, _____
(signature) (date)

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