

ALLERGY/ASTHMA PROTOCOL FORM

Student's name:

Child has an allergy and/or asthma Yes No

Parent/Guardian name:

Parent/Guardian Signature: _____

ALL parents/guardians must sign above and initial after the first statement below, indicating you have read and acknowledged it. **If your child has an allergy and/or asthma you must also initial after statements 2-7.**

1. Parents provide a nutritious snack for the students on a rotating basis. You can find our snack guidelines on our website: www.wintonroad.org. In an attempt to reduce the risk of serious allergic reactions, we do not permit snacks containing any nuts or peanut products, including peanuts, peanut butter, peanut oil, peanut flour, nut butters, or almond extract. _____

If you answered "Yes" above, please initial the following statements.

2. I understand that Winton Road Nursery School shares its classroom space with the First Unitarian Church of Rochester's Sunday School programs. As such, I realize that Winton Road Nursery school is **not** a peanut/nut-free environment. _____

3. I will notify the teacher of the child's allergy and/or asthma condition on the Personal History and Medical History forms included in this Registration Packet. _____

4. I will provide the child's necessary medications to his or her teacher on or before the first day of school. The prescribed medicine must be in its original pre-packaged form (unopened), labeled with the child's name, and accompanied by physician's orders and the parent/guardian's written consent. _____

5. I will provide, along with the medicine, an Emergency Care Plan or Permission to Dispense Medication, both of which are signed by a physician, to the teacher on or before the child's first day. _____

6. I will bring the child's snack each day if the child's allergy requires that he/she avoid foods with allergy warnings of possible cross-contamination. I will then opt out of the school's snack rotation. _____