



ALLERGY / ASTHMA PROTOCOL FORM

CHILD'S NAME: _____ SCHOOL YEAR: _____

Parents / Guardians of ALL CHILDREN must initial the following statement, indicating that they have read and acknowledged it:

1. Parents provide a nutritious snack for the students on a rotating basis. You can find a list of snack recommendations attached to this form, on the school website (www.wintonroad.org), and in the parent handbook. 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. initial: _____

Please check yes / no to the following:

Child has an allergy:	Yes	No
Child has asthma:	Yes	No
Child has a food sensitivity:	Yes	No

If you answered "yes" to any of the above, please read and 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 am aware that Winton Road Nursery School is **not** a peanut / nut free facility. initial: _____

3. I will notify the teacher of my child's allergy / asthma / food sensitivity on the Medical and Personal History forms. initial: _____

4. I will provide my child's necessary medications to his or her teacher on or before the first day of school. Prescribed medication will be in its original form (unopened), labeled with my child's name, and accompanied by physician's orders and my written consent. initial: _____

5. I will provide, along with any medications, an Emergency Care Plan or Permission to Dispense Medication, signed by a physician, to my child's teacher on or before the first day of school. initial: _____

6. I will bring my child's snack each day, if his or her allergy or sensitivity requires that he or she avoid foods with allergy warnings of possible cross contamination. In this case I have the option to be exempt from the school's snack rotation (indicate selection below). initial: _____

We will provide our own snack: Yes No

We opt out of snack rotation: Yes No

PARENT / GUARDIAN NAME: _____ DATE: _____

PARENT / GUARDIAN SIGNATURE: _____