

Wee Disciples Preschool Food Allergy Agreement Form

Wee Disciples Preschool provides a daily snack for students utilizing a Safe Snack List. All snacks provided at Wee Disciples are chosen from the Safe Snack list. This is a list of snacks that we believe to be safe for children with the following allergies: eggs, milk/dairy, tree nuts, peanuts and sesame seeds.

Parents of children with food allergies are required to:

1. Notify your child's teacher before the start of school of any allergies
2. Review the Wee Disciples Preschool Safe Snack List to ensure it meets your child's allergy needs.
3. Complete the Wee Disciples Preschool Food Allergy Agreement Form
4. If Medication or Epi-pen is prescribed for your child:
 - Submit the Illinois Food Allergy Emergency Action Plan and Treatment Authorization form signed by your child's physician prior to the start of school.
 - Provide a medication pack (we recommend a 3-ring binder pencil case) with the appropriate medication for your child and instructions for the use of the medication. This medication pack may include an antihistamine in individual doses and two Epi Pens as directed by a physician.

In turn, Wee Disciples Preschool staff will:

1. Follow the Wee Disciples Preschool Safe Snack List approved for all students in their care when serving a daily snack.
2. Post a list of students with food allergies as well as provide a location for storing Allergy Emergency Action Plans with medication packs at school.
3. Inform the parents of Wee Disciples students of the nutrition policies and the fact that there is a student in class with a food allergy.
4. Ensure that all Wee Disciples Preschool students wash their hands upon arrival at school.
5. Check with parents of children with food allergies regarding any projects or activities that may require food items to ensure that the activity is safe for all students.

My child, _____, has the following food allergies:

_____.

I (We) have read and agree to the above statements.

Parent/Guardian: _____ Date: _____

Parent/Guardian: _____ Date: _____