



# St. Luke's Little School

## ALLERGY WAIVER FOR NO MEDICATION AT SCHOOL

We, the parents/guardians of \_\_\_\_\_, with birthdate \_\_\_\_\_, have discussed their health issues/allergies with St. Luke's Little School and have chosen NOT to provide any medication to be kept at the preschool while they are enrolled.

We understand the severity of anaphylaxis and/or other allergic reactions that my child may experience while at St. Luke's Little School. In the event that there is an emergency allergic reaction, 911 will be contacted. There is the possibility that the emergency personnel will administer epinephrine. There is also the possibility of a life threatening situation. By signing this form, we are releasing liability of the school and its affiliates.

Condition or Allergy: \_\_\_\_\_

We choose NOT to provide medication at St. Luke's Little School for the following reasons:

\_\_\_\_\_ Minor allergy, no medication required

\_\_\_\_\_ Family dietary choice

\_\_\_\_\_ Minor physical ailments only

\_\_\_\_\_ Medication is administered at home

Type of medication: \_\_\_\_\_

\_\_\_\_\_ Other \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

School Director \_\_\_\_\_ Date \_\_\_\_\_

Nurse Consultant \_\_\_\_\_ Date \_\_\_\_\_