

Sunnybrook Montessori Statement of Allergy

Name of Child: _____
Classroom: _____ **School Year:** _____

Sunnybrook Montessori takes seriously all allergic reactions. **Each family is required to complete the following form to ensure all our students safety.** You are reminded as to the severity of allergic reactions, particularly nuts, and that we are a nut-free facility. Please refrain from sending any peanut butter or other nut products, for the safety of all students. Also do not send cookies or muffins with nuts. Thank you for your sensitivity.

Choose One:

_____ **My child has no known allergies at this time.** I consent for my child to be served Sunnybrook Montessori school provided snacks. I understand that school provided snacks will be listed in advance each month so I am aware what is served. I understand that substitutions are occasionally required and consent to nutritionally appropriate snack substitutions as provided by Sunnybrook Montessori. I also authorize Sunnybrook Montessori to serve commercially prepared foods that other families provide for classroom parties to my child. The parties include, but are not limited to, Birthday Parties, Thanksgiving Feasts, Valentines Day Parties, St Patrick's Day Parties and Winter Celebrations. I understand the foods served at the parties will be received from other parents in their commercially packaged containers with all ingredients clearly listed and available.

_____ **My child has a medically documented non-food allergy to:**

I understand I am required to provide a statement of the allergy written and signed by a practicing physician and a Medical Emergency Plan for Severe Allergic Reaction signed by a practicing physician, before my child is allowed to attend school. As this is not a food related allergy, I consent for my child to be served Sunnybrook Montessori school provided snacks. I understand that school provided snacks will be listed in advance each month so I am aware what is served. I understand that substitutions are occasionally required and consent to nutritionally appropriate snack substitutions as provided by Sunnybrook Montessori. I also authorize Sunnybrook Montessori to serve commercially prepared foods that other families provide for classroom parties to my child. The parties include, but are not limited to, Birthday Parties, Thanksgiving Feasts, Valentines Day Parties, St Patrick's Day Parties and Winter Celebrations. I understand the foods served at the parties will be received from other parents in their commercially packaged containers with all ingredients clearly listed and available.

_____ **My child has a medically documented food allergy to:**

I understand I am required to provide a Statement of the Allergy written and signed by a practicing physician and a Medical Emergency Plan for Severe Allergic Reaction signed by a practicing physician, before my child is allowed to attend school.

Choose One:

_____ I **CONSENT** for my child to be served ALL Sunnybrook Montessori school provided snacks and beverages. I understand that school provided snacks will be listed in advance each month so I am aware what is served. I understand that substitutions are occasionally required and consent to nutritionally appropriate snack substitutions as provided by Sunnybrook Montessori. I also authorize Sunnybrook Montessori to serve commercially prepared foods that other families provide for classroom parties to my child. The parties include, but are not limited to, Birthday Parties, Thanksgiving Feasts, Valentines Day Parties, St Patrick's Day Parties and Winter Celebrations. I understand the foods served at the parties will be received from other parents in their commercially packaged containers with all ingredients clearly listed and available.

_____ I **DO NOT consent** for my child to be served Sunnybrook Montessori school provided snacks or beverages. I will send a zip lock bag full of appropriate snacks for my child to consume during snack time. These will be kept in the cupboard in my child's classroom. I will provide all appropriate beverages for my child. I also understand that Sunnybrook Montessori will serve commercially prepared foods that other families provide for classroom parties to my child's classmates. The parties include, but are not limited to, Birthday Parties, Thanksgiving Feasts, Valentine's Day Parties, St Patrick's Day Parties and Winter Celebrations. I understand that for these events I will be required to send nutritionally, appropriate alternative snacks and beverages for my child. I understand my child will not be served any food or beverage, other than water, that is not provided by me and from my home. All foods must be clearly labeled with my child's name, in order to be served to my child. If I desire, I may choose to attend my child's classroom party and supervise his/her food choices with his/her classmates.

Parent Signature

Date

For Office Use Only:

Physician documentation: Date requested _____ Date received: _____

Classroom Copy: _____ Kitchen Notice: _____