

Smithtown Christian School

Food Allergy Agreement

(Secondary)

Date: _____ School Year: _____

Child's Name: _____ DOB: _____

Allergy: _____ Medication(s): _____

In order to help protect allergic students from exposure to allergens, all parents of students with food allergies at SCS agree to the following:

1. Student's picture will be posted in the health office and the cafeteria. Medical information regarding the allergies will be shared with school staff.
2. **All foods consumed must be brought from your home.** This includes food at class parties. **NO Food May Be Purchased From Cafeteria.**
3. **Parent to provide doctor's orders to administer EpiPen (epinephrine) and Benadryl (antihistamine).** Parent to provide doctor's documentation stating the student's allergies and allergen(s) involved (food, bees, latex, etc.).
4. Parent to provide two EpiPens (unless otherwise stated by doctor) and Benadryl (antihistamine). These items are to be in new, unopened containers with Prescription Label (epinephrine).
5. Parents are encouraged to have their child wear a medical alert bracelet.
6. Classroom teacher will enforce **no sharing food** in classroom policy.
7. Parent to provide a non-perishable lunch to keep at school in case the student forgets to bring lunch.
8. Parent is to inform the child's bus driver of their allergy and contact the Transportation Dept. at their district to advise them of their child's special needs.
9. Parent is to contact school authority/supervisor/coach in charge of before or after school activities to inform them of their child's allergies.
10. **Parent (or authorized designee) will bring all medication from home supply, and attend all field trips with their child. ***
11. **All EpiPens will be stored in the Health Office. ****

*Unless student has an approved self-medication order.

** Unless student has self- medication order, then keeping the medications in the health office is optional.

- ☐ I have read the above and agree to the requirements listed.
- ☐ I give my child permission to purchase packaged (with ingredient label) food/beverage from the cafeteria which **Does not not contain** _____. It is my child's responsibility to check the food label and ask if he or she has a question regarding ingredients.

Parent/Guardian Signature: _____ Date: _____

By signing this agreement, I agree to hold SCS harmless for any allergic reaction which occurs as a result of my child eating food NOT sent from home.

Student Agreement Regarding Food Allergies:

1. I will only eat foods that come from home (unless permission granted by parent above).
2. I will not buy food or snacks from the cafeteria (unless permission granted by parent above).
3. I will not share foods from other students.
4. I will not eat or touch foods containing allergens.
5. I will always bring Medication for field trips from my home supply.

I have read the above and agree to the requirements listed

Student Signature _____ Date _____