ADMINISTRATION BUILDING

701 West Gregory Street - Mount Prospect, Illinois 60056
P (847) 394-7300 | F (847) 394-7311 | www.d57.org

Name: _____ **DOB:** _____

School: _____ **Grade:** _____

My/our child suffers from the following food allergies: _____
_____
_____

I/we understand that Mount Prospect School District 57 offers a "nut-free zone" in its lunchroom. Mount Prospect School District 57's Food Allergy Management Program Policy and implementing Administrative Procedures provides for my/our child to sit at a table in the nut-free zone in its lunchroom for safety purposes, so as to reduce the risk that my/our child will be exposed to nut allergens.

I/we grant permission to my/our child to sit outside of the "nut-free zone" in spite of his or her nut allergy. In permitting my/our child to sit outside the nut-free zone, I/we understand that he or she may be exposed to nut allergens, and that Mount Prospect School District 57 may not be able to effectively protect my/our child from allergic reactions resulting from nut allergen exposure.

I/we hereby release, waive, and discharge any claims that I/we may have against the Board of Education of Mount Prospect School District 57, its members (individually and collectively), administrators, and employees, whether acting as individuals in their personal capacity or as members or employees of the Board acting in their official capacity, as related to any allergic reaction that my/our child experiences as a result of his/her sitting outside of the nut-free zone in the lunchroom.

_____ _____
Parent Signature Date Parent Signature Date

Jmb/client/school district clients/sd 57c/nut free waiver.docx