Optional Waiver- Classroom/Field Trip Foods
(4th and 5th grade)

District 206 Alexandria Public Schools recognizes that students with food allergies require reasonable measures to ensure their health and safety. To that effect, the district has implemented several practices on the elementary level to help reduce the possibility of an allergic reaction by a child with food allergies. These include:

- In the classroom, children with food allergies will be allowed to eat only food that is provided by their parent. *Each parent is asked to provide a container of food or snacks that are safe for your child to eat* as a substitute for food supplied for a classroom celebration or party. Your child can bring the snack home so you can decide if it is safe to eat.

- Parents should supply snacks/food for Field Trips (unless school cold lunch provided) to ensure safety of foods.

- If a student no longer has a food allergy, we will need a healthcare provider’s note stating that the food allergy no longer exists and an Epipen is no longer necessary.

These measures are in place to ensure your child’s safety with the least amount of disruption to his/her school experience, and we feel strongly that it is in your child’s best interest to comply with these measures. However, if you feel your child is mature and responsible enough to manage his or her own care, you may exempt them from the classroom/field trip food provisions by signing below. The field trip provision must remain in place as well as the need for a doctor’s note if your child no longer has the food allergy.

___ I request that my child can take responsibility for determining the safety of foods

Student Name  ________________________________  Teacher/Grade  ________________

___ I request that my child Eat only food provided by or approved by a parent/guardian (teacher/school staff will not assume responsibility for checking food). You and your child will be responsible for determining if food is safe.

__________________________________________________________________________  ____________
(Parent/Guardian name)  (Date)