



Since my child has allergies I understand that I need to present the following to Little Ones Preschool:

1. A detailed description of the allergens to which my child is allergic and symptoms of a reaction. (Food Allergy Action Plan Form or other documentation if this form is not applicable).
2. A letter signed by me and my child's doctor with instruction to follow in the event my child experiences an allergic reaction. (Waiver for the Distribution/Administration of Medication Form)
3. An epinephrine kit with 2 epipens, if prescribed, or other medication to be used if an allergic reaction occurs.

I understand that all medications must be in the original container, and must be clearly labeled with my child's name.

I understand that my child's medical needs will be posted in the classroom, so that all teachers and volunteers will be aware of those needs.

I understand and agree to the above and agree that Little Ones Preschool, Inc. and its employees will not be held liable in so far as they administer medical care in conformance with the information provided on my child's medication consent form and food allergy action plan. I understand that the school and its employees will use reasonable care in doing so.

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Child's Name

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Parent's Name

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Parent's Signature

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Date