

**Saint Michael School**  
80 Maple Avenue  
North Andover, MA 01845



Phone (978) 686-1862  
Fax (978) 688-5144  
st-michael@comcast.net  
www.saintmichael.com

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### **Food Allergy Action Plan Waiver**

Dear Parent or Guardian of \_\_\_\_\_ Grade \_\_\_\_\_,

You have indicated that your child has an allergy or sensitivity but does not need an Epi-Pen or any specific school/classroom precautions. Please complete the following information that will be kept on file in your son/daughter's School Health Record.

My son/daughter has an allergy/sensitivity to \_\_\_\_\_  
\_\_\_\_\_

The symptoms my child presents with are:

Please initial the following:

- \_\_\_\_\_ My son/daughter is aware of this and is responsible for avoiding it.
- \_\_\_\_\_ No restrictions or specific measures are required at school for this allergy or sensitivity.
- \_\_\_\_\_ My son/daughter's physician does not require his/her own Epi-Pen at school.
- \_\_\_\_\_ My son/daughter's teacher and/or appropriate staff (including cafeteria staff) do not need to be aware of this allergy/sensitivity.

If at anytime you feel that your son/daughter should have a Food Allergy Action Plan at school, please contact the school nurse for Epi-Pen policy and measures for anaphylaxis prevention while in school.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_