



SY: \_\_\_\_\_

## Nut Free Table OPT-OUT Liability Waiver

*Howard Gardner Multiple Intelligence Charter School has a policy of placing students with known peanut/nut allergies at the Peanut/Nut Free Table in the cafeteria for the student's own health and safety.*

*If you as the legal guardian do not want HGMICS to enforce the separation of your child in the cafeteria, **this form must be completed annually** and returned to the school nurse at the start of each school year.*

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

\_\_\_\_\_  
(Allergies/Medical Conditions)

I understand that my child has a diagnosed peanut and/or tree nut allergy and that the school provides a Peanut/Nut-Free Table to help reduce the risk of exposure.

I am requesting that my child be permitted to sit at a regular cafeteria table instead of the Peanut/Nut-Free Table. I understand that this decision may increase my child's risk of exposure to peanut/tree nut allergens in the cafeteria.

I acknowledge that:

- The school cannot guarantee an allergen-free environment.
- School staff will continue to follow my child's health care plan and emergency procedures if an allergic reaction occurs.
- In the event of a medical emergency, the school will contact 911 and provide emergency care as outlined in my child's medical orders.
- This request will remain in effect for the current school year unless I revoke it in writing.

I have read and understand this request and voluntarily choose to opt my child out of using the Peanut/Nut-Free Table.

Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Legal Guardian Printed Name \_\_\_\_\_

\_\_\_\_\_  
*\*To be completed by the Nurse\**

Date Received: \_\_\_\_\_ Nurse Signature: \_\_\_\_\_

Cafeteria Notified (Date): \_\_\_\_\_ by: \_\_\_\_\_

Teacher Notified(Date): \_\_\_\_\_ by: \_\_\_\_\_