



Dear Parent,

The CPI board requires a **'release and waiver of claims'** form be completed for all children with allergies whether or not the allergies are life-threatening. Please complete the enclosed forms and return them to me as soon as possible. Please note that the signature of both parents/legal guardians is required on the forms. If you have additional comments regarding your child's particular allergies that might be useful for the school to know, please attach a note for your child's file. It will be copied and put in the classroom as well.

As a precaution, we will note food allergies on the co-op snack schedule so that other parents can avoid bringing these foods into the classroom. However, you may wish to provide a pre-approved, non-perishable snack that can be used in case an allergic food is inadvertently brought to school by a co-oping parent.

**If you choose to provide medication such as an Epi-Pen for your child for use at school, you must complete the additional required forms, including a medication directive form to be completed by your physician. These forms must be submitted with your medication directly to the Health and Safety Director for review for completeness before any medication may be kept on school premises. Any medication, prescription or otherwise, that is submitted without the proper documentation will not be accepted.**

Lastly, for the protection of our students, it is standard CPI procedure that in an emergency situation we will notify 911 immediately. If your child has been exposed to a life-threatening substance, the teachers will do their best to administer your child's medication as directed, but will also be required to call the emergency squad.

Thank you for your understanding and cooperation.

Sincerely,  
CPI Health & Safety Director



**RELEASE AND WAIVER OF CLAIMS**

THE UNDERSIGNED, \_\_\_\_\_ (the "parents"), who are the parents and sole legal guardians of \_\_\_\_\_ (the "child"), a minor child, have notified CENTREVILLE PRESCHOOL, INC. ("CPI") that their child has certain allergies to the following substances:

\_\_\_\_\_  
\_\_\_\_\_

The reaction to these substances is the following:

\_\_\_\_\_

The management of this reaction is the following:

\_\_\_\_\_

We \_\_\_\_\_ have chosen / \_\_\_\_\_ have not chosen to provide medication for our child for use at school in case of ingestion or contact with any of the above substances.

CPI has notified its officers, directors, committee members, teachers, staff members and parents of the Child's allergies, and will use reasonable efforts to prevent the Child's contact with or ingestion of the foregoing named substances. Nevertheless, the Parents hereby acknowledge and understand that it is impossible to monitor every movement of a preschool aged child in a classroom with other preschool aged children, and that there is a risk that the Child will have contact with or ingest one (1) or more of the foregoing substances.

THEREFORE, in consideration for CPI's enrollment of the Child in the preschool operated by CPI, each of the Parents hereby RELEASES CPI and/or its officers, directors, committee member, teachers, staff members, parents, vendors, independent contractors, successors and assigns, from, and hereby WAIVES, any and all claims, liabilities, losses, costs, damages, actions and causes of action of any kind, direct or indirect, contingents or otherwise, now or hereafter arising out of, or in connection with, or as a result of, any illness, injury, conditions or loss of life suffered by the Child or any other person as a result of an allergic reaction by the Child to any of the foregoing names substances, unless due to the gross negligence or intentional misconduct of any of the foregoing named parties.

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_