



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 as soon as possible. Please note that the signature of all 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 located 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 an approved, non-perishable snack that can be used in case any allergenic food is inadvertently brought into 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 directly to the Health and Safety Director for review before any medication may be kept on school premises. Any medication, prescription or otherwise, submitted without the proper documentation cannot be accepted.

Lastly, for the protection of our students, it is standard CPI procedure that in the even of 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 are also 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.

Parent/Guardian Name (please print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Name (please print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

Please check if digitally signed: