

St. James Catholic School

Allergy Liability Waiver

Child's Complete Name

Date of Birth

Child's Health Condition

I, _____, give permission for my child, _____, to sit at a non-designated nut-free table for lunch. I understand this may increase the risk of my child having a life-threatening reaction due to exposure of allergens during lunchtime. I take full responsibility for any reactions or health problems related to my child's health condition while he or she is under the care of _____ (School) or any of its staff members. I give consent, that in the event of an emergency any members of the school may contact 911 in order for emergency care to be provided to my child. An EpiPen is located in the school cafeteria and school clinic in case of emergency.

In light of my request, I further agree to protect, defend, hold harmless and indemnify _____ (School), to include but not limited to, the Diocese of Arlington, the Most Reverend Michael F. Burbidge and his successors in Office, their clergy, employees, agents and volunteers from any and all for any claim or cause of action whatsoever, liability, loss damages, costs to include defense cost, or expenses which are sustained, incurred, or required arising out of this waiver due to complications my child experiences because of the above-named health condition, including the costs for emergency transport to a health care facility.

I freely execute this Acknowledgement with full knowledge of its content.

Parent or Guardian Signature

Date

Signature of School Official

Date