

Allergy Information Waiver

I _____ parent/guardian of
_____ hereby authorize Our Lady of the
Valley School nurse and/or administration permission to share information
regarding the above child's allergy with the following:

- Child's teachers
- All school staff
- Lunch/recess volunteers
- Field trip chaperones
- Others the administration/nurse deems necessary to ensure the
safety of my child

Signed the _____ day of _____, _____.

Parent/Guardian Signature