



**Trinity Klein Lutheran School
Food Allergy Action Plan & Release of Liability**

Student Name _____ Date of Birth _____

Parent/Guardian Name _____

Address _____ City/State/Zip _____

Primary Phone _____ Secondary Phone _____

Food Allergies and Allergies Notification, Acknowledgement, and Release of Liability

An environment free of allergens, including but not limited to food allergies, CANNOT, be guaranteed at Trinity Klein Lutheran School. Trinity Klein Lutheran School will make every reasonable effort to ensure food containing your student's allergens will not be served to your student. Therefore, the Released Parties (Trinity Klein Lutheran School, Staff, and Volunteers) cannot guarantee that any particular food product is free of all traces of any particular allergen, that consumption of a food product will not result in some form of allergic reaction, or that your student(s) will not come into contact with any allergens or residue while at Trinity Klein Lutheran School. The undersigned acknowledges and agrees that he/she is aware of such risks and that participation in activities at Trinity Klein Lutheran School, such as but not limited to, standard school day, field trips, after school activities, will expose their student to food, activities, and persons that may result in exposure to allergens and injury in that regard and assuming such risks, the undersigned hereby fully releases and discharges the Released Parties from any and all liability and/or responsibility to the student(s), the undersigned, or any third party for the death and/or injuries to the student(s) and/or any direct, indirect, punitive, incidental, or any damages that arise out of or related to student(s)'s participation at Trinity Klein Lutheran School and/or exposure to food allergens.

Parent/Guardian Initials _____

I acknowledge that it is my responsibility to provide Trinity Klein Lutheran School with a FARE: Food Allergy & Anaphylaxis Emergency Care Plan and to provide any medications and the appropriate paperwork needed. I also acknowledge that I have received the Consent to Release Food Allergy Information Form.

Parent/Guardian Initials _____

The undersigned also understands and acknowledges that Trinity Klein Lutheran School will utilize the following steps when utilization of the FARE action plan is necessary:

1. Treat the student first using directions on the FARE action plan.

