



## GISW SCHOOL LUNCH PROGRAM ALLERGY WAIVER FORM



obtain a detailed Action Plan from a Health Care Provider, supply appropriate medication, and submit both to the school nurse at [nurse@giswashington.org](mailto:nurse@giswashington.org) prior to ~~the start of the school year~~

The Student's Food Related Allergies (please type/print):

- 1)
- 2)
- 3)
- 4)
- 5)

Signature of Parent/Guardian #1 \_\_\_\_\_

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Signature of Parent/Guardian #2 \_\_\_\_\_

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