

If your child has nut allergies, please complete the form below.

2026-27 Nut Free Classroom Waiver

Date: _____ Student Name: _____

I understand that, according to Illinois State Law, St. Patrick School is providing a peanut/tree nut free classroom for my child's safety. I understand that accidental exposure may occur due to food brought in from home. Due to my child's food allergy, I accept that all necessary precautions will be taken but I understand the risks involved. I will keep the school updated on any changes to my child's allergy status. I am also providing a doctor's note stating they approve this waiver. This form is valid for the 2026-2027 school year.

Parent Signature: _____

Printed Name: _____

