

**OPT-OUT LETTER FOR PEANUT AND NUT FREE TABLE SETTING\***  
**2017-2018**

Dear Parents/Guardians,

You indicated during the registration process that your child has a peanut or other nut allergy. There is a designated Peanut and Nut Free Table in the lunchroom in order to accommodate students with these types of allergies. All students who have peanut or nut allergies will be seated at the Peanut and Nut Free Table, unless you prefer your child not sit at this table during lunch. If your preference is for your child not to be seated at the Peanut and Nut Free Table during lunchtime, please review and complete this form and return the completed form to the school office.

**Please keep in mind that students who are not at the Peanut and Nut Free Table will not be individually monitored to ensure that they are in a peanut and nut free environment, except as may be required by the child's 504 Plan or Individualized Education Program ("IEP").**

If your child has a 504 plan or IEP, these documents will serve as the ultimate directive regarding your child's peanut and/or nut allergies and the accommodations for the same. Should your child's 504 plan or IEP require that your child sit at the Peanut and Nut Free Table, the District will implement the 504 plan or IEP, without exception, until changes are made to the 504 plan or IEP.

We encourage you to contact the school office to leave a message for the School Nurse if you have any questions or concerns.

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**Student:** \_\_\_\_\_ **Teacher/Grade:** \_\_\_\_\_ **SIS#** \_\_\_\_\_ **504 Plan/IHP or IEP?** \_\_\_\_\_

*I understand that the school is providing a Peanut and Nut Free Table in the lunchroom for the safety of children with peanut and/or nut allergies. Although my child, \_\_\_\_\_, is a child with an identified peanut and/or nut allergy, I do not believe it is necessary for my child to sit at the Peanut and Nut Free Table. Therefore, I am requested that my child be able to sit at any table of his/her choosing.*

*In permitting my child to not be required to sit at the Peanut and Nut Free Table, I acknowledge that my child may be exposed to peanut and/or nut products, peanut and/or nut residue on tables and/or chairs, and peanut and/or nut particles otherwise present in the lunchroom. I acknowledge that this potential exposure may result in triggering my child's allergy to peanuts and/or nuts, and may cause an allergic reaction including but not limited to, discomfort, rash, hives, swelling, itchy, and in severe cases, anaphylactic shock.*

*By signing below, I waive any and all claims relating to my child's exposure to peanut and/or nut products, residue or particles, as a result of my decision to opt-out of requiring my child to sit at the Peanut and Nut Free Table. I acknowledge that if my child is a child with a 504 plan, IEP or IHP that dictates the specific accommodations for my child's peanut and/or nut allergy, that the 504 plan, IEP or IHP, that any changes to the 504 plan, IEP, or IHP, must be discussed by the 504 or IEP team, and may not be waived solely by completion of this form. By indicating whether my child is a child with a 504 plan, IEP or IHP above, I authorize school administrators to check my student's 504 plan or IEP to determine whether a meeting is require to make any revisions to the 504 plan or IEP, to allow my child to opt-out from the Peanut and Nut Free Table.*

*I understand that this opt-out/waiver will be in effect for the full school year from the date of signature, but that I may revoke my consent to the same in writing at any time during the school year. I agree to notify the school of any changes to my child's allergy status.*

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Parent/Guardian Signature

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Date

**\*THIS FORM WILL NEED TO BE COMPLETED EVERY SCHOOL YEAR.**