

## GISW SCHOOL LUNCH PROGRAM ALLERGY WAIVER FORM

Student Name: \_\_\_\_\_ Grade : \_\_\_\_\_ Date of Birth: \_\_\_\_\_

The German International School Washington D.C. (GISW) is committed to providing a safe and inclusive environment for all students, which includes allowing all students to participate in the lunch program offered by the School (the "School Lunch Program").

As the parent/guardian of the above-named student (the "Student"), I authorize the Student to participate in the School Lunch Program. I understand that my consent authorizes the School and its third-party food providers to review the Student's medical information, specifically the Student's food-related allergies identified as listed below.

I understand that if the Student has allergies with the potential for developing anaphylaxis, I am required to **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.** Classroom and lunchroom management will also be discussed at that time. This plan must be reviewed prior to the start of each new school year.

I have read and understand GISW's "Food Allergy Policy" found at <https://giswashington.org> (click on "Campus Life"; "Health Room"; "Allergy Policy") and agree that the successful management of food allergies is the jointly held responsibility of the School, families, and the Student with the allergy. I also understand that, although GISW will take reasonable measures to protect the Student, the Student's participation in the School Lunch Program may expose the Student to certain risks associated, including, without limitation: cross contamination, mislabeling of food products, the Student choosing the incorrect lunch bag; change of ingredients by third-party food vendor, misjudgment by the Student or others, or any other risks associated with food allergies.

I fully understand, accept, and appreciate that participation in the School Lunch Program involves risk of serious bodily injuries, including, but not limited to: risks associated with food allergies; the potential negligence of any party, including but not limited to the School; and other circumstances that are outside the School's control. I knowingly and freely assume, on behalf of myself and the Student, all risks, both known and unknown, associated with the Student's participation in the School Lunch Program.

I agree, on my own behalf and that of the Student, our heirs, executors, personal representatives, and/or assigns to forever release, indemnify, hold harmless, and covenant not to sue the School and any of their officers, employees, volunteers or agents from any and all lawsuits, claims, liabilities, demands, or actions, including, but not limited to claims of ordinary negligence (but not for gross and willful misconduct), which arise directly or indirectly out of participation in the School Lunch Program.

I have read this form in its entirety and understand what it means. I affirm that I have legal custody of the Student and that I am authorized to sign on the Student's behalf.

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

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

**Signature of Parent/Guardian #1:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Full Name of Parent/Guardian #1:** \_\_\_\_\_

**Signature of Parent/Guardian #2:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Full Name of Parent/Guardian #2:** \_\_\_\_\_