

**MOUNT PLEASANT COTTAGE SCHOOL UNION FREE SCHOOL DISTRICT  
PARENT LETTER REGARDING CLASSMATE WITH LIFE-THREATENING  
ALLERGY**

Date:

Dear Parents/Persons in Parental Relation,

This letter is to inform you that a student in your child's classroom has a severe life-threatening allergy. Strict avoidance of products containing the allergen is the only way to prevent a life-threatening allergic reaction. We are asking your assistance in providing the student with a safe learning environment.

If exposed to \_\_\_\_\_ the student may develop a life-threatening allergic reaction that requires emergency medical treatment. To reduce the risk of exposure, the classroom will be \_\_\_\_\_ free. Please do not send any \_\_\_\_\_ containing products to school with your child. Any exposure to the allergen through contact or ingestion can cause a severe reaction.

**Specific instructions regarding peanut/nut allergies:** If your child has eaten peanuts or nuts prior to coming to school, please be sure your child's hands have been thoroughly washed prior to entering the school. Since lunch is eaten in the cafeteria, your child may bring peanut butter, peanut or nut products for lunch. In the cafeteria there will be a designated peanut-free table where any classmate without peanut or nut products can sit. If your child sits at this table with a peanut or nut product, she/he will be asked to move to another table. This plan will help to maintain safety in the school while allowing non-allergic classmates to enjoy peanut/nut products in a controlled environment. Following lunch, the children will wash their hands prior to going to recess or returning to the class. The tables will be cleaned with soap, water and paper towels after each lunch.

We appreciate your support of these procedures. Please complete and return this form so that we are certain that every family has received this information. If you have any questions, please contact me.

\_\_\_\_\_  
Signature of Principal/Teacher/Nurse

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I have read and understand the allergen free classroom procedures. I agree to do my part in keeping the classroom allergen free.

Student's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_