



**ENVIRONMENTAL OR FOOD ALLERGY
ALLERGY ACTION PLAN
WAIVER FORM**

Date _____

Student Name _____ DOB _____

Allergy Information: _____ (n/a if not applicable)

I have received information and understand the requirements of the Greendale School Districts procedure for students with allergies. I understand that the Greendale School District requires this procedure in order to keep my child safe in school. It is my decision not to provide an allergy action plan to be on file for my son/daughter while in school. I understand that in the event of an allergic reaction and/or emergency situation, if needed, the Greendale School District will contact Emergency Medical Services to assist with keeping my child safe in school.

Comments from Parent:

Parent's signature and date:

Physician or Medical Authority signature and date:

Print or stamp name:

Return Document to School Office

Greendale School District • 6801 Southway • Greendale, WI 53129 • www.greendale.k12.wi.us
Administrative Office (414) 423-2700 • FAX (414) 423-2723 • Pupil Services Office (414) 423-2714

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