

*Love of Learning Montessori School*  
**Allergy Waiver**

By signing below, I/we acknowledge the following facts, and that prior to enrolling my/our child at Love of Learning Montessori School, Inc. (the "School"), located at 9151 Rumsey Road, Columbia, Maryland 21045, we accept the obligations imposed herein and waive certain rights as explained herein:

1. My/Our child \_\_\_\_\_ has the following allergies or herein condition (such as diabetes) that might require medical medication:

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2. These allergies or health condition(s) are kept under control using the following medications:

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3. I/We have attached hereto a medical authorization form and directions provided by child's physician regarding the administration for allergic reactions or other emergency situations arising from my/our child's health condition.

4. I/We have left an emergency dose of the medications with the School for use if my/our child suffers an allergic reaction, diabetic reaction, or other emergency related to the health conditions listed above while in the care or custody of the School. I/We will update the medication left with the School if/when my/our child's medications change. I/We will also renew the medication if its consumption is time-critical or if it expires.

5. In the event that my/our child suffers a serious allergy attack, diabetic reaction or illness while in the care or custody of the School, I/we authorize the School to administer medication orally or through the use of an injection, Epi-Pen or such other method as I/we have made available to the School, or to take such other action as is reasonably necessary to remedy or abate the allergic reaction. I/we waive the right to any suit or complaint, claim, charge, demand or damages against the School and/or any employee, teacher, teacher staff member, agent, independent contractor, officer or director of the School arising from our efforts to abate or remedy an allergic reaction, diabetic reaction or emergency related to my/our child's health condition as listed above.

6. I/We acknowledge that despite good faith efforts by the School, our child may encounter allergens or other environmental agents in the School premise, due to the nature of the School environment and exposure to other children. I/We waive the right to

any member agent, independent contractor, officer or director of the School arising from such exposure unless such exposure results from the gross negligence of the School.

7. I/We understand that if my/our child suffers from the allergies, I/We must provide a daily snack for my/our child. The School is not responsible for the monitoring of the allergen content or diabetic content of the snacks I/we provide. If I/we fail to provide a daily snack for my/our child, the School may at its sole discretion provide my/our child with a daily snack. I/we understand that the School does not monitor the snacks that it provides for allergen or diabetic content. I/we acknowledge that we have been advised of our responsibility to provide daily snack for my child, and I/we waive the right to any suit or complaint against the School and/or any employee, teacher, or agent of the School arising out of the discretionary provision of a snack to my/our child.

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Signature of Parents or Guardians

For Student: \_\_\_\_\_

Date received: \_\_\_\_\_ (Office use only)

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