



Mount Hope Christian Academy

6823 Harrison Road, Fredericksburg, VA 22407

540.785.4631; Fax: 540.548.2540 | Email: director@mhcademyva.org

ALLERGY RELEASE FORM

(One Form per Child)

I hereby notify the staff of Mount Hope Christian Academy that my child _____ is allergic to the following substances/foods and could suffer a negative or life-threatening reaction if exposed to the below listed substances/foods. **Attached is a physician's verification of these allergies.**

I understand that the staff will, to the best of their ability, monitor any substances/foods my child eats or is exposed to, and I hereby release Mount Hope Christian Academy and its staff from any liability which may result from my child's accidental exposure to such substances/foods.

Parent/Guardian Signature

Date

I authorize Mount Hope Christian Academy's Medication Administration Training (MAT) certified staff member(s) to administer the below medications to my child on an emergency basis to alleviate reactions to the above substances/foods. I understand that it is my responsibility to assist in the training of emergency care required by my child and that the staff will, to the best of their ability, follow the procedures. I release Mount Hope Christian Academy and its staff from liability, which may result from the administration of the above medication.

Parent/Guardian Signature

Date

Note: Please be aware that we will administer prescription and over-the-counter medications – both must have written instructions from a doctor/physician. Medications will be administered in accordance with the doctor/physician's instructions by a Medication Administration Training (MAT) certified staff member at 11:00 am and 3:00 pm. Please adjust your child's medication schedule accordingly. A parent/guardian may come to the Academy to administer his/her child's medication, with prior coordination.