

SCHOOL HEALTH OFFICE  
Release Form

NUT FREE TABLE WAIVER

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

Dear Parents:

It is our policy that students with food allergies/peanut allergies are to be seated at a “nut free” table. Although some children feel this is restrictive, we feel it is a safety issue. However, please fill out the form indicating your preference after speaking to your child’s doctor.

My child \_\_\_\_\_ **MAY** sit with the students in his/her grade. He/she does have a peanut/nut allergy but does not have to be seated at the “NUT FREE” table. I am aware that my child may be exposed to foods that may contain peanuts/nuts by not sitting at the “NUT FREE” table.

Parent Signature: \_\_\_\_\_

My child \_\_\_\_\_ **MAY ONLY** be seated at the NUT FREE table. I do not want my child to sit with the class, as there could be peanuts/nuts or other allergens that may be present. Please keep my child at the “NUT FREE” table.

Parent Signature: \_\_\_\_\_

Thank you for your assistance with this matter.

Aine O'Sullivan, RN  
Greenville School Nurse

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Seely Place Nurse

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