**PARENT/GUARDIAN AGREEMENT**

**Please check A or B**

_____**A. I am not having my child's doctor complete an Emergency Health Care Plan.**

- I understand I am responsible for monitoring my child during special school events where food is served.

_____**B. I am submitting an Emergency Health Care Plan completed and signed by my child's doctor.**

- I understand I am responsible for monitoring my child during special school events where food is served.
- I understand that I am responsible for keeping my child's medication current and kept on site.
- I agree to attach an allergen-notification sticker to my child's lunch box.

_____ _____

**Signature of Parent or Guardian** **Date**