



Brella Food Services Waiver

I/We are the parents or legal guardians of _____ (“Student”). I/We have read the Brella Food Allergy Policy in the Parent Handbook (the “Policy”) and I/We know and understand its contents. Student has one or more food allergies and we have disclosed the details as such with Brella and provided notification from a physician. I/We wish to opt in to the Brella food services program, so that Student may eat meals (breakfast/lunch/dinner and snack items) served at Brella.

In addition to all customary and general risks involving Student’s consumption of food served at the school, as described generally in the Policy, I/We, on behalf of ourselves and Student, voluntarily and knowingly assume the risk that Student could be seriously ill, or even die, should Student consume food served at the school that contains an allergen. I/we further voluntarily and knowingly assume the risk of cross contamination of food is possible at the facilities of the center’s outside caterers (that is trace amounts of an allergen can appear in a food item even without the knowledge or intent of the school or outside caterer), which could lead to a Student having a reaction after consuming food containing an allergen. Moreover, I/we voluntarily and knowingly assume the risk that medical help may not arrive at the school in time to properly treat the Student should Student have a reaction after consuming food containing an allergen.

I/we hereby release, hold harmless and agree not to sue Brella, and all its agents, affiliates, representatives and employees, from or for any liability, claims, or damages suffered by me/us or Student caused by or associated with Student consuming food served at the center and consequently having an allergic reaction to such food.

I/we hereby grant permission to Brella, its agents and employees to take whatever steps may be necessary to obtain medical care for Student who consumed food served at the school and consequently had an allergic reaction to such food. These steps may include, but are not limited to, 1. Attempting to contact a parent or guardian, 2. Attempting to contact the child’s physician, 3. Attempting to contact any of the persons listed on the emergency information form on file with the center, 4. Contacting another physician, paramedics, or an ambulance, 5. Having my child taken to an emergency hospital in the company of a staff member. I/we will bear all expenses incurred for such emergency medical care.

Name of Child (please print): _____

Name of Parent/Guardian (please print): _____

Parent/Guardian Signature: _____

Date: _____