

Stop

No Nut

Zone

Dear Parent,

This letter is to inform you that there are young students in your child’s classroom who have a severe food allergy to peanuts and tree nuts (e.g. almonds, walnuts, macadamia nuts, etc.). It is important that there is strict avoidance to these foods in order to prevent a life-threatening allergic reaction. We are asking your help in order to provide the student with a safe school environment.

For children with this issue, any exposure (by mouth, by touch or even by smell) to peanuts and/or tree nuts may cause a severe, and potentially fatal, allergic reaction called anaphylaxis, which then requires emergency medical treatment.

To reduce the chance of this occurring, please:

- Do not send any peanut or tree nut containing products to school with your child.

- When a product's labels state that it "may contain traces of nuts" or “manufactured in a facility that also processes nuts” then it also should stay home

- If your child has eaten foods containing peanuts or tree nuts before coming to school, they should wash their hands and face thoroughly before coming to school.

In order to ensure that this information has been received and read, please complete and return this short form. Feel free to contact the office at (847) 550-0917 or [mchnb.office@sbcglobal.net](mailto:mchnb.office@sbcglobal.net) if you have any questions.

We appreciate your support in keeping all the children at Montessori Children's House safe in their school environment.

Sincerely,

The MCHNB Staff

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**PLEASE RETURN TO OFFICE**

***I have read and understand classroom procedures that have been put into place to protect children with severe peanut and tree-nut allergies.***

Child(ren)’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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