

## WVMAW Severe Food Allergy Policy

For mission purposes, WV Ministry of Advocacy and Workcamps, Inc. (WVMAW) defines a SEVERE FOOD ALLERGY as an allergy that may require the entire mission team to adjust their menu and personal choices to accommodate one member, whose life and health may be threatened if exposed to the allergen.

Please be advised of the following:

- WVMAW requires that Group leaders and all team members have been apprised of the severity of the food allergy so they may accommodate the condition in the food or other articles they may bring along
- One leader must be assigned as Advocate who will have full knowledge of the allergy, treatment, emergency response, insurance information, family contact, and will be responsible for any transport to emergency facilities
- The Advocate will also be responsible to stay with the patient in the event of illness if he/she must remain off site for any reason
- The Advocate may also be responsible to take the individual home if that is determined necessary.
- We strongly urge that the Advocate NOT be the main group leader or youth pastor, who will need to be responsible for the remainder of the team
- WVMAW is not responsible for any residue of allergen in the kitchen or other areas of the facilities where the team will reside for the week
- WVMAW is not responsible for the presence of any allergen in the home of the families we serve
- WVMAW is not responsible for gifts of food families may choose to donate to the mission team that might contain allergens.
- WVMAW Site Supervisors must vet the projects for appropriate skills and addressing the physical needs of the families we serve. Site Supervisors will not be responsible for insuring that the resident is compliant with needs of individual volunteers.
- Your group may or may not be sharing mission with another group. WVMAW will not be responsible for any non-compliance of the team's food choices that may cause allergic reaction.

I have read and understand the risks involved. I understand that not signing this agreement may preclude my participation in the mission with WVMAW.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**date**

\_\_\_\_\_  
**Signature of Parent or Guardian**

\_\_\_\_\_  
**date**

**GROUP LEADER:** I have read and understand the risks of the allergy, and the accommodations the team will make on behalf of the team member.

\_\_\_\_\_  
**Group Leader**

\_\_\_\_\_  
**date**

**ADVOCATE:** I have read and understand my role as Advocate for the team member.

\_\_\_\_\_  
**Advocate**

\_\_\_\_\_  
**date**