Warren W. Cherry Preschool
1418 Lake Street
Evanston, IL 60201
847.492.1213
www.cherrypreschool.org

PACKET FOR CHILDREN WITH ALLERGIES OR MEDICAL CONDITIONS REQUIRING SPECIAL ATTENTION

Forms are due by your child's first day of attendance

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The following forms are attached – Please complete the appropriate forms:

1. ***Medical Conditions & Allergies Form*** (To be completed by parent/guardian)
2. ***Medical Consent Form*** (To be completed by parent/guardian if medication needs to be given at school)
3. ***Emergency Health Care Plan*** (To be completed and signed by you and your physician if your child has a serious allergy or medical condition)

Notes to parents/guardians:

- If you are not sure about the seriousness of your child's reaction, please err on the side of caution and give the most restrictive information.
- Please read the policy that follows and complete the appropriate forms.

Cherry Preschool Policy for Children with Allergies/Medical Conditions

THE ISSUE:

Our preschool has been faced with a growing population of children with allergies and/or medical conditions requiring special care and attention. Parents are ultimately responsible for monitoring the food their children eat, therefore, we must have you complete the forms appropriate for your child's situation. We all understand the importance of teaching children to manage dietary restrictions outside of the home. However, we are deeply concerned about teachers and other parents taking on this responsibility when the consequences could be serious or fatal.

A challenging aspect of this issue is to include the child with food restrictions to the greatest extent possible. It is reasonable for parents to expect their child can participate in snacks, cooking projects, parent-provided sharing season treats, and other classroom activities that involve food. Because you have indicated that this is a serious health issue for your child, we cannot safely rely on other parents to take responsibility for specialized birthday treats or school gathering contributions. We all understand it is safer and more appropriate for parents of children with food restrictions (rather than teachers or other parents) to read food labels and evaluate the appropriateness of food for their children.

BASIC POLICY:

The following distinction will be made in determining how to handle a child's food allergies:

1. **If the parent does not return an Emergency Health Care Plan completed and signed by a doctor**, the school assumes that allergy/medical condition is not life threatening or likely to result in a serious illness. In these cases:
    - The parent will provide substitute snacks to be kept in the classroom in the event the allergen is present in the class snack and alternate treats in the event of a birthday snack.
    - The parent is responsible for monitoring the child during class parties where food is served.
    - The allergen will not be banned from the classroom (with the exception of peanut products).

2. **If the parent returns an Emergency Health Care Plan completed and signed by a doctor**, the school assumes that the allergy/medical condition is life threatening or could result in serious illness, unless the doctor indicates otherwise. If the doctor indicates the allergy/medical condition is life threatening or could result in serious illness:
    - The parent must provide or approve (in writing) all food/snacks to be served to the child at school.
    - If the doctor has indicated that the allergic reaction can result from contact or proximity, the class will not have the allergen in the room including pets, art projects, cooking projects, sharing season projects/treats, and birthday snacks.
    - If the doctor indicates that the allergic reaction is only a result of ingestion, the parent will provide substitute snacks to be kept in the classroom in the event the allergen is present in the class snack and alternate treats in the event of a birthday snack.
    - The parent is responsible for monitoring the child during class parties where food is served.

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ADDITIONAL POLICIES:

Projects (teacher or parent-led) involving food may not exclude a child with an allergy. Therefore, the teacher or parent leading the project must talk with the parent of the child with an allergy and come up with a mutually acceptable plan so that the child is not excluded from the activity.

The focus of a birthday celebration is the child having a birthday. Therefore, birthday treats do not have to accommodate a classmate's allergies or dietary restrictions. The child with allergies or dietary restrictions will be served a comparable snack provided by their parent.

For celebrations to which parents bring food to share (i.e. holiday & year-end parties), it is the responsibility of the parent of the child with the allergy to monitor their child's food consumption in order to ensure the child's safety.

Lunch policy: Lunch is an optional extra activity that is not considered to be part of the Cherry Preschool educational program by DFCS. Children whose food restrictions can be accommodated by seating at an allergen-free table may attend lunch and will be seated accordingly. Because our children's lunches come from home, we cannot guarantee they are free of allergens; therefore, children for whom separate seating is not enough should not attend lunch.

SCHOOL'S RESPONSIBILITY:

- Inform teachers of children in their class with allergies/medical conditions.
- Provide a copy of all forms to teachers.
- Inform parents of classmates of the presence of an allergy in the classroom.
- Have an emergency action plan in place in which the child's teachers and the office staff know where the child's medication is stored and how it is to be administered.
- Be sure staff members are trained in CPR and be prepared to call upon them as needed.
- Enforce our "no trading/sharing food" policy at snack and lunch.
- Include children with allergies/medical conditions in all regular classroom activities, making reasonable accommodations to ensure their safety.

TEACHERS' RESPONSIBILITY:

- Post a list of all children with allergies.
- Eliminate the allergen from the classroom in the case of serious/life-threatening allergies.
- Collect and keep alternative snacks from the parent of the child with an allergy.
- Never serve a school provided snack food (including cooking projects) to a child with a serious/life-threatening allergy unless the parent has reviewed the ingredients and/or the food is on their parent-approved list.

PARENTS' RESPONSIBILITY:

- Inform the school of their child's allergy/medical condition in the child's history form and during the pre-visit.
- Complete the appropriate forms in the **Children with Allergies and Medical Conditions Requiring Special Attention** packet and return to the school:
    1. ***Parents' Form: Medical Conditions & Allergies Requiring Special Attention*** – must be completed for every child with a medical condition or allergy
    2. ***Medical Consent Form*** – must be completed for every child who may need medication administered at school. A separate form must be completed for each medication that may need to be administered.
    3. ***Emergency Health Care Plan*** – must be completed by child's physician for every child who has a serious/life-threatening allergy or medical condition.
- Provide alternate snacks to be kept at school in the event the school provided snack or a birthday snack contains an allergen and the allergy is not serious/life-threatening (no *Emergency Health Care Plan* on file).
- Review school snacks and provide teachers with a written list of snacks that may be served to their child.
- Provide all snacks to be served to their child if the child has serious/life-threatening allergies (*Emergency Health Care Plan* on file).
- Inform Cherry Preschool of any changes.

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MEDICAL CONDITIONS & ALLERGIES REQUIRING SPECIAL ATTENTION

(To be completed by Parent/Guardian)

Name of Child _____ Date of Birth _____

Please describe your child's medical condition or allergy:

_____

_____

Please describe the reaction your child is likely to have if s/he consumes or comes into contact with the allergen or becomes ill:

_____

_____

_____

Explain in detail what teaching staff should do if this reaction occurs:

_____

_____

_____

Does your child have any food allergies or dietary restrictions? _____

My child may eat the following foods:

_____

_____

_____

Do <u>not</u> allow my child to eat:

_____

_____

_____

Do not allow my child to touch:

_____

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My child may not be physically near:

_____

_____

IF MY CHILD'S ALLERGY OR MEDICAL CONDITION COULD RESULT IN SERIOUS ILLNESS, A PHYSICIAN MUST COMPLETE THE ATTACHED *EMERGENCY HEALTH CARE PLAN*.

PARENT/GUARDIAN AGREEMENT

(Please check 1A *or* 1B, initial check-off sections as appropriate, and sign below)

☐ **1A. FOR CHILDREN WHO DO NOT HAVE LIFE THREATENING ALLERGY/MEDICAL CONDITIONS:**
I am not having my child's doctor complete an Emergency Health Care Plan.

- I agree to provide substitute snacks to be kept in the classroom in the event the allergen is present in the class snack, and alternate treats in the event of a birthday snack.
- I understand I am responsible for monitoring my child during class parties where food is served.
- I understand the allergen will not be banned from the classroom.

☐ **1B. FOR CHILDREN WHO DO HAVE LIFE THREATENING ALLERGY/MEDICAL CONDITIONS:**
I am submitting an Emergency Health Care Plan completed and signed by my child's doctor.

- I agree to provide (in writing) a list of all foods/snacks that may be served to my child at school if the doctor indicates the allergy/medical condition is life threatening or could result in serious illness.
- I understand the class will not have the allergen in the room including pets, art projects, cooking projects, sharing season projects/treats, and birthday snacks if the doctor indicates that the allergic reaction can result from contact or proximity and the allergy/medical condition is life threatening or could result in serious illness.
- I agree to provide a few alternative treats to keep in the classroom or in the school freezer in the event there is a school snack or birthday treat is served that is not on my authorized list.
- I understand I am responsible for monitoring my child during class parties where food is served.

PLEASE INITIAL:

_____**I give permission for Cherry Preschool staff to administer medication in the event my child has an allergic reaction or becomes ill at preschool**, I agree to provide medication (following the policy described in the ***Parent Handbook***) and complete the attached *Medical Release Form*. I understand the staff cannot administer medication unless this form is on file and all policies regarding medication have been followed.

_____**I authorize Cherry Preschool staff to take the actions described above in the event of an allergic reaction or medical emergency**.

_____**I understand it is my responsibility to share this information with my child's teachers and to inform Cherry Preschool of any changes to the information on this form.**

_____ _____
Signature of parent/guardian Date

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MEDICAL CONSENT FORM

Please complete one form for each medication/OTC product. Copy this form as needed.

Child's name _____ Birthdate _____

Class _____

Name of medication:_____

Date prescribed: _____

FOR PARENT/GUARDIAN TO COMPLETE:

I, _____, give my permission to Warren W. Cherry Preschool to

administer _____ of _____ to my child,
(dose) (name of medication/OTC product)

_____ at approximately _____on _____
(name of child) (time dose due) (dates)

for _____.
(reason for medication/OTC product)

Possible side effects to watch for with this medication include:

Name and phone number of prescribing physician:

_____ _____
(Physician's name) (phone)

Parent/guardian signature _____ Date _____

(over)

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FOR STAFF TO COMPLETE:

Is the permission form on the other side complete? _____

Is the medication in a safety cap container? _____

Is the original prescription label on the container? _____

Is the child's name on the front of this form on the container? _____

Is the date on the prescription current? _____
(within the month for antibiotics and within the expiration date for medications which are so labeled; within the year, otherwise)

Is the dose, name of drug, frequency of administration given on the label consistent with the parent/guardian instructions given on the front of this form? _____

MEDICATION CAN BE ADMINISTERED ONLY IF THE ANSWERS TO ALL THE QUESTIONS ABOVE ARE "YES."

MEDICATION ADMINISTRATION RECORD

DATE	TIME	DOSE	STAFF SIGNATURE

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EMERGENCY HEALTH CARE PLAN

(TO BE COMPLETED BY PHYSICIAN AND SIGNED BY PARENT/GUARDIAN & PHYSICIAN)

Name of Child: _____

MEDICAL CONDITION REQUIRING SPECIAL ATTENTION

Medical Condition: _____

Symptoms Include: _____

ALLERGY REQUIRING SPECIAL ATTENTION

Nature of allergy to date: _____

Asthmatic: Yes □* No □ *High risk for severe reaction

NATURE OF ALLERGIC REACTION: ***Please check all that apply***

SYSTEMS:	SYMPTOMS:
□ Mouth	itching & swelling of lips, tongue, or mouth
□ Throat*	itching &/or sense of tightness in the throat, hoarseness, hacking cough
□ Skin	hives, itchy rash, and/or swelling about the face or extremities
□ Gut	nausea, abdominal cramps, vomiting, and/or diarrhea
□ Lung*	shortness of breath, repetitive coughing, and/or wheezing
□ Heart*	"thready" pulse, "passing-out"

The severity of symptoms can change rapidly.
***All above symptoms can potentially progress to a life-threatening situation.**

ACTION TO BE TAKEN BY CHERRY PRESCHOOL STAFF:

1. **MEDICAL CONDITION**: If child becomes ill, give _____
   medication/dose/route
   and do_____ immediately!

   ~or~

2. **ALLERGY**: If ingestion/contact is suspected, give _____
   medication/dose/route
   and do _____ immediately!

3. **Call 911** if child does not respond to above action, if an epipen has been used, or if symptoms of an allergic reaction are not limited to the skin (especially if there is swelling of the lips or tongue).

4. Call parents/guardians or emergency contacts.

5. Call Dr. _____ at _____.

DO NOT HESITATE TO ADMINISTER MEDICATION OR CALL 911,
EVEN IF PARENTS/GUARDIANS OR DOCTOR CANNOT BE REACHED.

_____ _____ _____ _____
Parent/guardian signature Date Doctor's signature Date