

Nierman Preschool

Glickman♦Galinson Early Childhood Education Complex
Lawrence Family Jewish Community Center • JACOBS FAMILY CAMPUS
4126 Executive Drive • La Jolla, CA 92037-1338 • (858) 457-0398

Re: Policy and Procedures for Administering Emergency Treatment to Children with Severe Allergies

Dear Parents,

Your child's health and safety are of paramount importance to us. In order to ensure that the Preschool and Camp staffs are properly trained in administering emergency treatment to children with severe allergies, the Jewish Community Center's Executive Committee has reviewed our guidelines and has provided us with the attached policies and procedures.

Please review these papers carefully, and complete as indicated. Note that each parent is responsible for providing appropriate and adequate training to the classroom staff as well as to the Preschool Director in administering epinephrine and providing other emergency care.

We take your child's special needs into great consideration, and want to fully support each child's successful inclusion at our school. Please contact me if you have any questions. These forms should be completed and returned to the school within 10 days.

Thank you.

Fran Forman

Fran Forman
ECE Director

LAWRENCE FAMILY JEWISH COMMUNITY CENTER PHYSICIAN'S RECOMMENDATIONS FOR MEDICATION

Child's Last Name First Name Middle Name Birthdate

Program Teacher/Counselor Classroom/Group

Any child who is required to take, during the regular day, medication prescribed for him by a physician, may be assisted by designated personnel if the Jewish Community Center receives, (1) written statement from such physician detailing the method, amount, and time schedule by which such medication is to be taken, and (2) a written statement from the parent or guardian of the pupil indicating the desire that the Jewish Community Center assist the pupil in the matters set forth in the physician's statement.

California Ed. Code 49423

The fact that this is a service or accommodation which the Jewish Community Center is not legally required to perform is recognized by all parties signing this form, and in so signing they agree to hold the Jewish Community Center, its officers, employees, or agents harmless from all liability, suits, or claims of whatever nature or kind, which might arise out of these arrangements.

I, the undersigned, as legal parent/guardian request that the medicine(s) be made available to my child at the times prescribed.

I will provide the medicine(s) in the prescription container(s) which is labeled with the name of my child, the prescribing physician's name, amount of medication prescribed, and time to be administered.

If any of the conditions in the physician's statement change, a new form will be signed by the parent/guardian and the physician.

Parent/Guardian Signature Primary Phone (c)(h)(o) Secondary Phone (c)(h)(o) Date

This Form Valid from _____ to _____

This portion to be completed by a physician licensed in the State of California.

Name of Medication	Method of Administration	Dosage	Approx. Time of Day
1.			
2.			
3.			

1. Discontinue Medication #1 on _____, #2 on _____, and #3 on _____
(date) (date) (date)

2. The nature of condition requiring medication during the school day: _____

3. Other Information/Instructions: _____

4. Do you wish to have the Jewish Community Center personnel contact you to discuss this medication?
YES _____ NO _____

Printed Name of Physician Medical License Number Telephone Number

Signature of Physician Date

**LAWRENCE FAMILY JEWISH COMMUNITY CENTER
NIERMAN PRESCHOOL**

POLICY FOR ADMINISTERING EMERGENCY TREATMENT TO CHILDREN WITH SEVERE ALLERGIES

Children with severe allergies, such as allergies to bee stings, peanut products, etc., may be at risk of a serious allergic reaction in a child care setting due to contact with or ingestion of the allergen. Contact with these allergens may result in anaphylaxis, a severe allergic reaction with symptoms that may include swelling of the face and lips, hives, vomiting, diarrhea, shortness of breath, and difficulty breathing. Ultimately, anaphylaxis may cause a fall in blood pressure, unconsciousness, and death. The Lawrence Family Jewish Community Center ("JCC") is concerned for the health and safety of all children in our care. Accordingly, when an enrolling/enrolled child has a severe, life-threatening allergy, the following is required:

PARENT(S) /GUARDIAN(S) MUST COMPLETE AND/OR PROVIDE THE FOLLOWING:

1. A signed copy of the JCC's "Authorization for Emergency Care for Children with Severe Allergies" (Authorization Form). This form must be filled out completely by the child's physician and parent(s)/guardian(s), and must be updated every school year and/or camp program, or more frequently, as needed. The Authorization Form is designed to provide the JCC with the information necessary to ensure proper preventative measures and an effective response to a serious allergic reaction. In addition, the parent(s)/guardian(s) shall provide a copy of any other physician's orders and procedural guidelines relating to the prevention and treatment of the child's allergy.
2. A signed copy of the JCC's "Release and Waiver of Liability for Administering Emergency Treatment to Children with Severe Allergies (Waiver)". The Waiver releases the JCC and its employees from liability for administering treatment to children with severe allergies (including the administration of epinephrine) and taking any other necessary actions set forth in the Authorization Form, provided that the JCC exercises reasonable care in taking such actions.
3. All equipment and medications needed by the JCC to comply with the instructions set forth in the Authorization Form (including, but not limited to, a device such as the EpiPen, Jr.). The parent(s)/guardian(s) is responsible for ensuring that all medication is properly labeled by a pharmacist and replaced prior to the expiration date.

PROCEDURES FOR EMERGENCY TREATMENT:

If a child enrolled by the JCC has severe allergies, the following steps shall be implemented:

1. Prior to the child's first day of attendance, the parent(s)/guardian(s) or their designee(s) is responsible for training selected members of the Staff including, but not limited to, the Director, Manager(s), and the child's teacher(s), on the nature of the child's allergy(ies), including (i) the events/substances that may trigger allergic reaction (e.g. bee sting, consumption of peanuts or products containing peanuts, etc.), (ii) with respect to food allergies, limitations on the child's food consumption, (iii) symptoms of an allergic reaction, including, where appropriate, the procedure for administering epinephrine through an EpiPen. Jr. or similar device. In addition, all selected members of the Staff will be trained to recognize the nature of the allergy and symptoms listed in subsections (i), (ii) and (iii) above.
2. At least four (4) members of the JCC's Staff including, but not limited to, the Nierman Preschool Director, Manager(s), and child's teacher(s), shall attend the training provided by the parent(s)/guardian(s)/designee(s). Upon completion of the training, the Staff shall complete and sign the Allergy Emergency Treatment Training Acknowledgement.
3. Training shall be repeated every school year and/or camp program, or when fifty percent (50%) of the JCC's Staff has turned over, whichever occurs first. If the individual serving as the Director, Manager(s), and/or the child's teacher(s) is replaced, his or her replacement shall immediately be trained by the parent(s)/guardian(s)/designee(s).

4. The JCC shall make best efforts to have at least one (1) trained Staff member present at all times the child is present at the Center and shall accompany the child on all field trips.
5. Medication kept at the JCC shall be stored in a secure area accessible only by trained Staff. During JCC field trips a trained member of the Staff shall be designated to carry any required medication.
6. Warning signs alerting Staff of the child's particular allergy shall be posted in the child's classroom.

STEPS FOR TREATING AN ALLERGIC REACTION:

All allergic reactions should be treated in accordance with the instructions provided by the child's physician in the Authorization Form. In the event of any conflict between this policy document and the instructions set forth in the Authorization Form, the instructions in the Authorization Form must be followed. If the child is exposed to or ingests the allergen, or shows one or more of the following signs and symptoms of an allergic reaction, including swelling of the lips and face, hives, vomiting, diarrhea, shortness of breath, and difficulty breathing, follow these steps:

1. A designated Staff member calls the area's emergency personnel number (e.g. "911"), unless stated otherwise in the Authorization Form, and the parent(s)/guardian(s) immediately.
2. A trained Staff member administers medication (such as Benadryl Elixir or the EpiPen. Jr.) as instructed in the Authorization Form. Unless otherwise indicated on the Authorization Form, these medications should be administered immediately. If a child is exposed to (e.g. bee sting) or ingests (e.g. peanuts) a known allergen, do not wait to administer medication until the child shows the signs of an allergic reaction, unless the Authorization Form states otherwise. If a child exhibits symptoms of an allergic reaction, do not wait to see whether his or her symptoms worsen. **NOTE: the area's emergency personnel number (e.g. "911") must be called in addition to giving medication such as the EpiPen. Jr. because the medication only works for approximately 15 minutes.**
3. Under no circumstances may any JCC Staff member administer any medication, including the EpiPen. Jr., until (i) the child has been identified as subject to anaphylactic reaction, (ii) all the required information and forms have been provided by parent(s)/guardian(s), and (iii) the initial training has been completed. Please contact the Preschool Director if you have any questions.
4. If epinephrine is prescribed, only pre-measured doses of epinephrine (such as contained in the EpiPen. Jr.) may be given by the JCC's Staff.

SYMPTOMS:

Please provide a complete list of all symptoms that indicate that the child has come into contact with an allergen and that he or she requires emergency treatment.

_____ Shortness of Breath or Difficulty in Breathing

_____ Swelling of the Face or Lips

_____ Hives

_____ Vomiting

_____ Diarrhea

_____ Other: (explain): _____

_____ Do not administer medication in the absence of known exposure to allergen. (explain): _____

PROCEDURES:

Please indicate all steps necessary and the order in which they should be taken.

_____ Give Benadryl Elixir, ml orally.

_____ Administer EpiPen, Jr. or _____

_____ Call area emergency medical personnel (e.g. "911")

_____ Call parent(s)/guardian(s), and child's physician.

_____ Other (explain): _____

RECREATIONAL ACTIVITIES:

1. The child may participate in all recreational activities. () YES () NO

2. Activity restrictions: () None () Some Restrictions

(explain): _____

CHILD'S PHYSICIAN:

Name: _____

Address: _____

Telephone Number: _____

Emergency Contact Number: _____

Signature: _____ Date: _____

Medical License Number: _____

PART II (To be completed by Parent(s)/Guardian(s))

PARENT(S)/GUARDIAN(S)

Name: _____

Address: _____

Telephone Number: _____
(Home, Work & Cell)

Emergency Contact Number: _____

Name: _____

Address: _____

Telephone Number: _____
(Home, Work & Cell)

Emergency Contact Number: _____

By signing this form, I/We authorize the Lawrence Family Jewish Community Center to follow the above instructions in the Authorization Form. I/We agree to update this form every school year and/or camp program, or sooner if my/our child's needs change.

Signature: _____
Parent/Guardian

Date: _____

Signature: _____
Parent/Guardian

Date: _____

**LAWRENCE FAMILY JEWISH COMMUNITY CENTER
RELEASE AND WAIVER OF LIABILITY FOR TREATMENT OF
CHILDREN WITH SEVERE ALLERGIES**

I, _____, acknowledge that by
(Name of Parent(s)/Guardian(s))

signing this Waiver, I release the JCC and its employees from liability for administering treatment to children with severe allergies (including the administration of epinephrine) and taking any other necessary actions set forth in the Authorization Form, provided that the JCC exercises reasonable care in taking such actions.

Signature: _____
(Parent(s)/Guardian(s))

Date: _____

**LAWRENCE FAMILY JEWISH COMMUNITY CENTER
ACKNOWLEDGEMENT OF
RECEIPT OF POLICY FOR ADMINISTERING EMERGENCY TREATMENT TO CHILDREN
WITH SEVERE ALLERGIES**

I, _____, acknowledge that I
(Name of Parent(s)/Guardian(s))

have received a copy of the Lawrence Family Jewish Community Center's Policy for Administering Emergency Treatment to Children with Severe Allergies.

Signature: _____
(Parent(s)/Guardian(s))

Date: _____

**LAWRENCE FAMILY JEWISH COMMUNITY CENTER
ALLERGY TREATMENT
TRAINING ACKNOWLEDGEMENT**

I, _____, have been trained by
(JCC Teacher/Administrator)

_____ to administer Epinephrine and/or
(Parent(s)/Guardian(s)/Designee(s))

To provide other emergency care to, _____
(Child's Name)

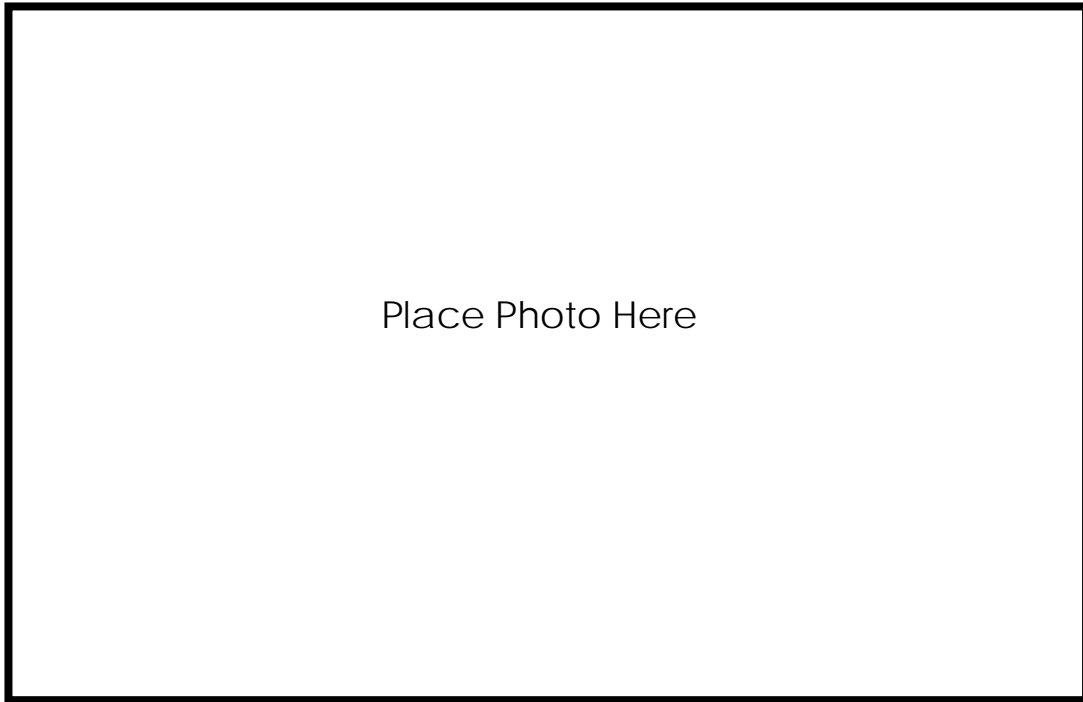
A child enrolled at the Lawrence Family Jewish Community Center, in the event the child has been exposed to and is at risk of anaphylactic reaction, or if the child exhibits the symptoms described in the "Authorization for Emergency Care of Children with Severe Allergies", which is attached to and made part of this Acknowledgement.

Signature: _____
(JCC Employee)

Date of Training: _____

Signature: _____
(Parent(s)/Guardian(s))

ALLERGY ALERT



Child's Name _____ DOB _____

My Child is Allergic to _____

Please Circle – My Child has an EPI PEN: YES or NO Located _____

Additional Information to Know _____

Emergency Contacts _____

Allergist/Pediatrician Contact Information _____