

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 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 unconsciousness and, in some cases, death.

We are concerned for the health and safety of all children in our care. All Team Members need to familiarize themselves with the children's allergies. Each room has a posting of which students as well as Information & Emergency Care card.

Accordingly, when enrolling/enrolled child(ren) has a severe, life-threatening allergy, the following procedures are required:

1. A signed copy of Medication Permission Form must be filled out by the parent/ guardian(s), and must be updated prior to prescription end date or six months after date of signature on form, which ever comes first. The Medication Permission Form is designed to understand proper dosage and medication name. On the Authorization Form, parents should provide any necessary information to ensure proper prevention measure and an effective response to serious allergic reactions. In addition the parent/guardian(s) shall provide a copy of any other physician's orders and the procedural guidelines relating to the prevention and treatment of the child's allergy.
2. A signed copy of our Release and Waiver of Liability for Administering Emergency Treatment of Children with Severe Allergies ("Waiver"). The Waiver releases the company and employees from liability for administering treatment to children with severe allergies (including the administration of epinephrine) and taking other necessary actions set forth in the Authorization Form, provided that the company and employees exercises reasonable care in taking such actions.
3. All equipment and medication needed to comply with the instructions set forth in the Medication Permission Form and Authorization Form (including, but not limited to, a device such as the EpiPen Jr.). The parent/guardian(s) is responsible for ensuring that all medication is properly labeled by a pharmacist and replaced prior to the expiration date.
4. Prior to the child's first day of attendance (or prior to the child's return to the child care center after the child's allergy is diagnosed), the parent/guardian(s) must train the Director, Assistant Director and the child's teacher(s) on the nature of the child's allergy, including
 - a.) the events/substances that may trigger allergic reaction (bee stings, consumption of peanuts or products containing peanuts,
 - b.) with respect to food allergies, limitations on the child's food consumption, c.) symptoms of an allergic reaction, and
 - d.) when and how to administer treatment for an allergic reaction, including, where appropriate, the procedure for administering epinephrine through an EpiPen Jr. or similar device

Upon the completion of the training provided by the parents, the Team Members shall complete and sign the Allergy Training Treatment Acknowledgement. The documents should be stored in the child's file.

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5. Training shall be repeated when the child moves into a new classroom or when 50% of the trained staff has turned over, whichever comes first. If the Director, Assistant Director or the child's teacher is replaced, his or her replacement shall immediately be trained by the parent/guardian(s).
6. At least one (1) trained staff member shall be present at all times the child is present at the child care center.
7. Life saving medication should be stored in the Classroom Emergency Bag. Other medical may be stored in the office.
8. A list of children with allergies and the warning signs of allergies shall be posted in the kitchen and classroom at ALL times. Posters should be updated every six months or when a new child with allergies enrolls, whichever comes first.

**Allergy Treatment
Training Acknowledgment**

I, _____ (Team Member
Printed Name), have been trained by _____ (Parent/Guardian
Name) to administer Epinephrine and/or to provide other emergency
care to _____ (Child's Name , a
child enrolled at Huntley's Clubhouse as described in the "Authorization For Emergency Care of
Children with Severe Allergies" Policy and Procedures.

Signature: _____ (Huntley's Clubhouse Team Member)

Date of Training: _____

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

Authorization for Emergency Care of Children with Severe Allergies

Child's Name: _____ Birthdate: _____ Dates Valid: _____

Please have your child's physician complete the following. Use a separate form for each allergen.

Allergens: List what events and/or substances may trigger a severe allergic reaction.

Symptoms: Provide a complete list of symptoms that indicate a child has come into contact with an allergen and that he or she requires emergency treatment.

- _____ Shortness of breath or difficulty breathing
- _____ Swelling of the face and/or lips
- _____ Hives
- _____ Vomiting
- _____ Diarrhea
- _____ Other _____

Procedures: Indicate necessary steps in the order they should be taken.

_____ Give Benadryl: _____ mL orally when the child shows (list symptoms) _____

_____ Administer EpiPen Jr. and/ or inhaler when the child shows (list symptoms) _____

*****List specific, step by step instructions for administration of EpiPen and/or inhaler (more detailed than "Give as directed"). _____

_____ Call 911 _____ Call parent(s)/guardian(s). List ALL possible contact numbers in the order we should try calling, indicating home/cell and mom/dad/relative _____

_____ Other _____

Child's Physician: _____

Address: _____ Phone #: _____

Physician's Signature: _____ Date: _____

Parent/Guardian Signature: _____

Parent Signature: _____ Date: _____

**RELEASE AND WAIVER OF LIABILITY FOR ADMINISTERING
EMERGENCY TREATMENT TO CHILDREN WITH SEVERE
ALLERGIES**

This is a RELEASE AND WAIVER OF LIABILITY FOR ADMINISTERING
EMERGENCY TREATMENT TO CHILDREN WITH SEVERE ALLERGIES
(hereinafter, referred to as the "Release")

made this ____ day of _____, 20____, by and between Huntley's Clubhouse
(the "School") and

_____ (Parent(s)/Guardian(s))

residing at _____ (Address)

who are the Parent(s)/Guardian(s) of

_____ (Child's Name).

WHEREAS, the School provides educational instruction and the Parent(s)/Guardian(s)
has engaged the School to provide education instruction for

_____ (Child's Name)

WHEREAS, the School has been requested by the Parent(s)/Guardian(s) to administer
emergency treatment (including the administration of epinephrine) to the child during
certain emergency situations when the child has come in contact with an allergen or
shows one or more signs or symptoms of an allergic reaction and is or may be in danger
of anaphylaxis, as prescribed in writing on the child's "Authorization For Emergency
Care Of Children With Severe Allergies", all in accordance with and subject to the
School's policy for administering emergency treatment to children with severe allergies.

NOW, THEREFORE, in consideration of the agreements and covenants contained herein and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties hereby agree as follows:

1. Parent(s)/Guardian(s) hereby releases and forever discharges the School from any and all liability arising in law or equity as a result of the School's employees or agents administering epinephrine and providing other emergency care in conformance with the child's "Authorization For Emergency Care Of Children With Severe Allergies" (the "Authorization Form"), provided that the School has used reasonable care in administering epinephrine and in providing other authorized care in accordance with the Authorization Form.
2. This Release shall be governed by the laws of the State of Michigan which is the location of the School facility in which the child is enrolled, excluding its choice of Law Provisions.
3. This Release supersedes and replaces all prior negotiations and all agreements proposed or otherwise, whether written or oral, concerning all subject matters covered herein.
4. The reference in this Release to the term the "School" shall include Huntley's Clubhouse, its affiliates, successors, directors, officers, employees, agents and representatives. The terms Parent(s)/Guardian(s) shall include the parent(s)/guardian(s) of the child named herein and the child named herein and their dependents, heirs, relatives, executors, administrators, personal representatives, assigns and successors.
5. If one or more of the provisions of this Release shall for any reason be held invalid, illegal or unenforceable in any respect, such invalidity, illegality or unenforceability shall not affect or impair any other provision of the Release. This Release shall be construed as if such invalid, illegal or unenforceable provisions had not been contained herein.

Name: _____ Relationship: _____

Signature: _____ Date: _____

Name: _____ Relationship: _____

Signature: _____ Date: _____

Office Use Only:

Director Signature: _____ Date: _____