

CHILDREN'S CORNER COOPERATIVE NURSERY SCHOOL
FOOD ALLERGY POLICY

At CCCNS it is our goal to keep each child with a food allergy safe and to honor identified food restrictions to the best of our ability. In order to best meet the children's special dietary needs, it is essential that the staff and parents work closely together. If your child has special dietary needs, you should discuss it with the director and the teachers upon enrollment. Specific guidelines of dietary need are described below.

The child's physician must document food allergies with a plan for handling any accidental exposure. When parents notify the director that their child has an allergy they will receive a **Food Allergy Plan Form** to be completed with the child's health care provider and turned into the school. The form will be kept in the child's classroom. A copy will also be given to all classroom teachers and posted in each classroom in clear view. Parents should review action plan form with their child's teacher and the director prior to the first day of school.

If the child's physician prescribes Benadryl or an Epi Pen (or any other medications), parents are responsible for providing those medications. They will be kept in the child's classroom in a zip lock bag with the child's name clearly labeled, as well as the medication's expiration date. The bag will be taped to the wall 5 feet above the floor in a visible location. If the child's allergy status changes, parents must notify the staff and director of these changes and update the child's Food Allergy Plan Form.

In addition to submitting an action plan form, parents are responsible for making decisions about what foods their child can and cannot eat and supplying appropriate food substitutes when necessary.

CHILDREN'S CORNER COOPERATIVE NURSERY SCHOOL
EMERGENCY PLAN FOR ALLERGIC REACTIONS

ALLERGY TO: _____

STUDENT NAME: _____ D.O.B. _____

Asthma: Yes/No

SIGNS OF AN ALLERGIC REACTION:

Systems

Symptoms

MOUTH

itching & swelling of the lips, tongue, or mouth

THROAT

itching and/or a sense of tightness in the throat, hoarseness and hacking cough

SKIN

hives, itchy rash, and/or swelling about the face or extremities

GUT

nausea, abdominal cramps, vomiting, and/or diarrhea

HEART

“thready” pulse, “passing out”

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

Action for *minor* reaction:

- ❖ **If symptom(s) are:** _____
- ❖ **Administer:** _____
Medication/dose/route
- ❖ **Then call: Parent or Guardian.**
- ❖ **If condition does not improve within 10 minutes, follow steps for Severe Reaction below:**

Action for *severe* reaction:

- ❖ **If symptom(s) are:** _____
- ❖ **Administer:** _____ **IMMEDIATELY!**
Medication/dose/route
- ❖ **CALL: 911**
- ❖ **CALL: Parent or Guardian.**

Parent/Guardian Name _____ Phone # _____

Parent/Guardian Signature _____ Date: _____

Emergency Contacts

1. _____
Relation: _____ Phone _____
2. _____
Relation: _____ Phone _____
1. _____
Relation: _____ Phone _____

Trained Staff Members

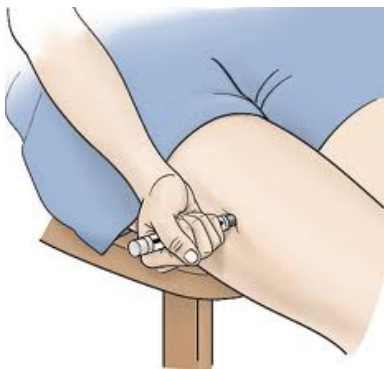
1. _____
2. _____
3. _____

EpiPen and Pepipen jr Directions

1. Pull of blue safety release.



2. Hold orange tip near outer thigh (always apply to thigh).



3. Place firmly against thigh and press until Auto-injector mechanism functions. Hold in place and count to 10. The EpiPen unite should then be removed and taken with you to the Emergency Room. Massage the injection area for 20 seconds.