

# **EDWARDSVILLE MONTESSORI SOCIETY, INC.**



## **METRO EAST MONTESSORI SCHOOL**

### **ALLERGY POLICY AND GUIDE**

Children with known severe allergies, such as allergies to bee stings, peanut products, etc., may be at risk of a serious allergic reaction 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. Edwarsville Montessori Society, Inc. (the “School”) is concerned for the health and safety of all children in its care.

Accordingly, when an enrolling/enrolled child has a severe, life-threatening allergy (“allergy or allergies”), the following is required:

1. Parent(s)/guardian(s) (collectively “Parents”) shall assist the School in the prevention, care and management of their child’s allergies and reactions. Parents should foster independence on their child’s part with respect to the child’s allergies, consistent with the child’s age and developmental level.
2. Parents shall notify and inform the School campus Head-Directress of their child’s allergies prior to the time the child begins attending school (or daycare) or immediately after diagnosis of an allergy by a physician.
3. If a child with allergies attends field trips or other off campus activities, the child’s Parents should consider accompanying their child and should be willing to do so if asked by the Head Directress. If a child is not permitted to attend such trips or activities, the Parents shall be responsible for caring for the child during such times as may be requested by the School.
4. Parents must complete and/or provide the following:
  - A. A signed copy of the School’s “Authorization For Emergency Care For Children With Severe Allergies” (“Authorization Form”). The Authorization Form must be filled out completely by the child’s physician and Parents, and must be updated every six months, or more frequently, as needed. The Authorization Form is designed to provide the School with the information necessary to ensure proper preventative measures and an effective response to an allergic reaction. In addition, the Parents shall

provide a copy of any other physician's orders and procedural guidelines relating to the prevention and treatment of the child's allergy.

(1)

B. A signed copy of the School's "Release and Waiver of Liability for Administering Emergency Treatment To Children With Severe Allergies" ("Waiver"). The Waiver releases the School, its employees and others from liability for administering treatment to children with allergies (including the administration of epinephrine) and taking any other necessary actions set forth in the Authorization Form, provided that the School exercises reasonable care in taking such actions.

C. All equipment and medications needed by the School to comply with the instructions set forth in the Authorization Form (including, but not limited to, a device such as the EpiPen Jr. if prescribed). The Parents are responsible for ensuring that all medication is properly labeled by a pharmacist and replaced prior to the expiration date.

5. Procedures for emergency treatment:

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

A. Prior to the child's first day of attendance or immediately after diagnosis of an allergy by a physician, the Parents are responsible for training selected members of the School's staff including, but not limited to, the Directress, Teachers, Business Administrator and daycare workers on the nature of the child's allergy, including (i) the events/substances that may trigger an 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, and (iv) 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. In addition, all members of the School's staff will be trained to recognize the nature of the allergy and symptoms listed in subsections (i), (ii) and (iii) above.

B. At least four (4) members of the School's staff including, but not limited to, the Head-Directress and the Teachers, shall attend the training provided by the Parents. Upon completion of the training, the staff shall complete and sign the "Allergy Emergency Treatment Training Acknowledgment Form".

C. Training shall be repeated every six months. If the individual serving as the Head-Directress and/or the Teachers are replaced, his or her replacement shall immediately be trained by the Parents.

(2)

D. At least one (1) trained staff member shall be present at all times the child is present at the School and shall accompany the child on all permitted field trips or other off campus activities.

E. Medication kept at the School shall be stored in a secure area. During permitted School field trips or other off campus activities a trained member of the staff shall be designated to carry any required medication.

F. Warning signs alerting staff of the child's particular allergy shall be posted in a conspicuous area or areas. With respect to food allergies, the warning signs shall be posted on all cabinets or refrigerators containing food.

6. 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 or symptoms of an allergic reaction, including swelling of the lips or face, hives, vomiting, diarrhea, shortness of breath, or difficulty breathing, these steps are to be followed:

A. A designated staff member calls the area's emergency personnel number (e.g. "911"), the Parents and the child's physician immediately (unless stated otherwise in the Authorization Form).

B. 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 or symptoms of an allergic reaction, unless the Authorization Form states otherwise. If a child exhibits signs or symptoms of an allergic reaction, do not wait to see whether his or

her signs or 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)

C. Under no circumstances may any 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 the Parents and (iii) the initial training has been completed.

D. If epinephrine is prescribed, only pre-measured doses of epinephrine (such as contained in the EpiPen, Jr.) may be given by staff.

7. Consistent with age and developmental level, Parents should consider teaching the child to:

A. Understand the seriousness and recognize the first symptoms of an allergic/anaphylactic reaction and to notify an adult immediately.

B. Carry their own EpiPen, Jr. when appropriate (or know where it is kept) and be trained in how to administer the EpiPen, Jr.

C. Take such precautions as are appropriate to avoid exposure to restricted foods.

8. The School should avoid providing any School snacks consisting of a restricted food in the child's classroom or daycare (when the child is present).

9. In the case of food allergies, the School shall send a food allergy letter stating that all parents should try to avoid sending restricted foods to School. If parents send restricted foods, parents should label the food in a conspicuous manner so as to make the staff aware that a restricted food has been sent to the School.

(4)

**AUTHORIZATION FOR EMERGENCY CARE  
OF CHILDREN WITH SEVERE ALLERGIES**

Date: \_\_\_\_\_

Dear Doctor: \_\_\_\_\_

Your patient, \_\_\_\_\_ is enrolled/enrolling in Metro East Montessori School and I/we have requested the School to provide certain emergency care for the prevention of anaphylaxis in the event the child comes into contact with a certain allergen(s), as described below. **Please complete Part I of this instruction record.** This record will remain in the child's file at the School so that the School may assist with the allergy care and needs of my/our child and your patient. If you need to provide further instructions or clarifications, please do so on a separate sheet of paper, which will become a part of this record and will be kept with this form in the child's file at the School.

\_\_\_\_\_  
Signature of Parent(s)/Guardian(s)

(1)

**PART I (to be completed by physician)**

Child's Name: \_\_\_\_\_

Child's Birth Date: \_\_\_\_\_

CHILD IS SUBJECT TO ANAPHYLACTIC REACTION

**ALLERGENS:**

Please provide a complete list of all events and/or substances that may trigger a severe allergic reaction (eg, anaphylactic shock) in the child.

\_\_\_\_\_ Bee Sting

\_\_\_\_\_ Other Insect Bites(s): (identify): \_\_\_\_\_

\_\_\_\_\_ Animal Fur: (identify) \_\_\_\_\_

\_\_\_\_\_ Food Allergy: (identify all foods that must be avoided): \_\_\_\_\_

\_\_\_\_\_

Other: (identify) \_\_\_\_\_

\_\_\_\_\_ If the child is exposed to or ingests the allergen, administer medication immediately. Do not wait to administer medication until the child shows the signs or symptoms of an allergic reaction.

\_\_\_\_\_ If the child is exposed to or ingests the allergen, wait to administer medication until the child shows the signs or symptoms of an allergic reaction.

(2)

## **SIGNS OR SYMPTOMS**

Please provide a complete list of all signs or 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): \_\_\_\_\_

\_\_\_\_\_ If the child shows one or more of the above signs or symptoms of an allergic reaction, administer medication immediately. Do not wait to see whether the child's symptoms worsen.

\_\_\_\_\_ If the child shows one or more of the above signs or symptoms of an allergic reaction, do not administer medication in the absence of known exposure to the allergen.

## **PROCEDURES**

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

\_\_\_\_\_ Give Benadryl Elixir, \_\_\_\_\_ ml orally.

\_\_\_\_\_ Administer EpiPen, Jr. or \_\_\_\_\_.

\_\_\_\_\_ Call the area's emergency medical personnel (e.g. "911").

\_\_\_\_\_ Call parent(s)/guardian(s).

\_\_\_\_\_ Call child's physician.

\_\_\_\_\_ Other

\_\_\_\_\_ (explain): \_\_\_\_\_

(3)

**RECREATIONAL ACTIVITIES**

1. The child may participate in recreational activities.  Yes  No

2. Activity restrictions:  None  Some Restrictions

(explain): \_\_\_\_\_

**OTHER RESTRICTIONS**

Please indicate whether any other restrictions apply:

\_\_\_\_\_ Allergen free lunch table

\_\_\_\_\_ Eating in a separate room away from other children

\_\_\_\_\_ Exclude child from field trips and other off campus activities

\_\_\_\_\_ Other

(explain): \_\_\_\_\_  
\_\_\_\_\_

**Child's Physician**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Emergency Contact No.: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(4)



**PART II (to be completed by Parent(s)/Guardian(s))**

**Parent(s)/Guardian(s)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Emergency Contact No.: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Emergency Contact No.: \_\_\_\_\_

**By signing this form, I\We authorize the School to follow the above instructions in the Authorization Form. I\We agree to update this form every six (6) months or sooner if my/our child's needs change.**

Signature: \_\_\_\_\_ Parent(s)/Guardian(s)

Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Parent(s)/Guardian(s)

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 Edwardsville  
Montessori Society, Inc.(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 Illinois 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 Edwardsville Montessori Society, Inc., 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.

EDWARDSVILLE MONTESSORI SOCIETY, INC.

By: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

PARENT(S) OR GUARDIAN(S)

By: \_\_\_\_\_

By: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**Allergy Treatment  
Training Acknowledgment**

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I, \_\_\_\_\_, have been  
trained by \_\_\_\_\_  
\_\_\_\_\_ to administer Epinephrine and/or to provide other emergency  
care to \_\_\_\_\_  
\_\_\_\_\_, a child enrolled at Metro East Montessori School as described in the  
School's Allergy Policy and Guide and the "Authorization For Emergency Care of  
Children with Severe Allergies", which is attached to and made a part of this  
Acknowledgment.

Signature: \_\_\_\_\_ (School Employee)

Date of Training: \_\_\_\_\_

Signature: \_\_\_\_\_ (Parent(s)/Guardian(s))

**Acknowledgment of  
Receipt of Allergy Policy and Guide**

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I acknowledge that I have received a copy of Metro East Montessori School's Allergy Policy and Guide.

Signature: \_\_\_\_\_ (Parent(s)/Guardian(s))

Date: \_\_\_\_\_