

**Parkway Baptist Class Room Procedures  
for Allergies and/or Medical Conditions  
(to include RAD and Asthma)**

1. Parents must complete all necessary release forms (see attached).
2. One copy of the release form is kept by the teacher another is kept in the Director's office.
3. A sign which list all affected children and their allergies will be posted above sink in class room (see attached) **INCLUDE A PICTURE**
4. Medication is kept in Director's office in file cabinet in a container labeled: Individual Children's Medication.
5. Two Epipens are needed for your child to attend school. One is kept in the child's classroom and the other is kept in the Director's office in the filing cabinet in a container labeled: Individual Children's Medication.
6. All Teachers in school must watch video and learn how to administer the Epipen at a Faculty Meeting in October.
7. **NO FOOD**, which a child is severely allergic to, is permitted in the classroom. Parents of other children are notified of the food item. Constant reminder notices must be sent home. Any habitual disregard of this request will be handled by the director.
8. All students in the class have a place mat and are instructed to keep their food on their own placemat. Children are instructed to eat only their own food.
9. Parent of child with allergy is asked to send food in a noticeable container so that a teacher may be alerted if the child is eating another child's food.
10. Teachers are to obtain a list of allergy approved snacks including name brands (see example).
11. Teachers are to have a back up snack food on hand.
12. Homemade foods for snacks or birthday parties are not permitted.

# Parkway Baptist Church Weekday Preschool Ministry Emergency Health Care Plan & Allergy Medication Permission Form

Allergic To: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_

Class: \_\_\_\_\_

Asthmatic: YES \_\_\_\_\_ (Inhalers are administered by Child Only) NO \_\_\_\_\_

High Risk of Severe Reaction: YES \_\_\_\_\_ NO \_\_\_\_\_

Signs of Allergic Reaction include:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If ingestion/allergic reaction is suspected, give:

(medication/dose/rate) \_\_\_\_\_  
and \_\_\_\_\_ immediately!

Call Rescue Squad (911) (Request Epinephrine) YES \_\_\_\_\_ NO \_\_\_\_\_  
(If Epinephrine is administered 911 will automatically be contacted)

Call MOTHER home \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ cell/work \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Call FATHER home \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ cell/work \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ (Name)  
\_\_\_\_\_ (Relationship) \_\_\_\_\_ (Phone)

CALL Dr. \_\_\_\_\_ AT \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Doctor Signature)

\_\_\_\_\_  
(Date)

Parkway Baptist Church Weekday Preschool Ministry  
Allergy Medication Permission Form

I hereby give my permission for my child, \_\_\_\_\_

to be given the following dosage \_\_\_\_\_

of Benadryl if \_\_\_\_\_

(stung by an insect, eats peanut butter etc)

The Benadryl has been provided by me and is kept in the Director's Office. I understand that I will be contacted immediately if Benadryl is administered and I agree to come to the school **immediately** to supervise any additional medical treatment.

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

# Allergies/Asthmatic

## Action Plan

(include child's picture)