



Mason's Place Too

Accommodations Request – Severe Allergies Cover Sheet

Child's Name: _____
School Name: _____
Principal Name: _____
School Phone #: _____

Prospective Enrollment

Date parent/guardian would like child to begin: _____

Child Currently Enrolled

Date child began enrollment: _____

Please include the following ***completed*** information along with this coversheet:

- Severe Allergy Packet*
- Any other pertinent information provided by parent/guardian*

Completed packets should be returned to the school by the parents and submitted by the school to the inclusion team.

125 Suite 2 Ruby Lane
Fairview Heights, IL 62208
618-670-9264

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. Mason's Place Too 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 Mason's Place Too'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 six months, or more frequently, as needed. The Authorization Form is designed to provide Mason's Place Too 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 Mason's Place Too's "**Release and Waiver of Liability for Administering Emergency Treatment To Children With Severe Allergies**" (Waiver). The Waiver releases Mason's Place Too 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 Mason's Place Too exercises reasonable care in taking such actions.
*Note: The Managing Director is responsible for: (1) collecting these documents after they have been properly executed, (2) placing the original of each form in the child's Mason's Place Too file and (3) sending a copy to the inclusion team.
3. All equipment and medications needed by Mason's Place Too 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 Mason's Place Too 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, Assistant Director, and 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, 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 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 Mason's Place Too Staff, including but not limited to, the Nurse, Principal, Director, Assistant Director, 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 Acknowledgment.
3. Training shall be repeated every six months, or when fifty percent (50%) of the Mason's Place Too Staff has turned over, whichever occurs first. If the individual serving as the Principal, Assistant Director, and/or child's teacher(s), is replaced, his or her replacement shall immediately be trained by the parent(s)/guardian(s)/designee(s).
4. 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 field trips.
5. Medication kept at the School shall be stored in a secure area accessible only by trained Staff. During School 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 kitchen, the child's classroom, and may be listed on other school documentation.

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, or 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 Mason's Place Too 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. Staff should contact the Inclusion Team 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 Mason's Place Too Staff.

AUTHORIZATION FOR EMERGENCY CARE OF CHILDREN WITH SEVERE ALLERGIES

Dear Doctor: _____ **Date:** _____

Your patient, _____ is enrolled/enrolling in our School and we have been requested 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 Mason's Place Too so we may assist with the allergy care and needs of our enrollee 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 Mason's Place Too.

PART I (to be completed by physician)

Child's Name: _____ Child's Birth Date: _____

Allergens:

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

___ Bee Sting

___ Other Insect Bite(s): (identify): _____

___ Animal Fur: (identify) _____

___ Food Allergy: (identify all foods that must be avoided): _____

Other: (identify) _____

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): _____

PART I (to be completed by physician) - continued

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 the area's 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 recreational activities. [] Yes [] No

2. Activity restrictions: [] None [] Some Restrictions

(explain): _____

Child's Physician:

Name: _____

Address: _____

Telephone No.: _____

Emergency Contact No.: _____

Signature: _____ Date: _____

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 Mason's Place Too 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 Mason's Place Too, LLC ("Mason's Place Too")

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

residing at _____, who are the
(Address)

Parent(s)/Guardian(s) of _____;
(Child's Name)

WHEREAS, Mason's Place Too provides child care services at numerous facilities across the State of _____ and the Parent(s)/Guardian(s) has engaged Mason's Place Too to provide child care for _____ Child's name

WHEREAS, Mason's Place Too 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 and is 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 Mason's Place Too'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 hereto hereby agree as follows:

1. Parent(s)/Guardian(s) hereby releases and forever discharges Mason's Place Too and its employees or agents from any and all liability arising in law or equity as a result of Mason's Place Too'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" (hereinafter referred to as the "Authorization"), provided that Mason's Place Too has used reasonable care in administering epinephrine and in providing other authorized care in accordance with the Authorization.
2. This Release shall be governed by the laws of the State of _____ which is the location of the Mason's Place Too 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. This instrument, along with the Authorization (including any additional physicians instructions or clarifications), which is hereby incorporated by reference, constitutes the entire agreement among the parties with respect to the subject matters discussed herein.

4. The reference in this Release to the term "Mason's Place Too" shall include Mason's Place Too, LLC its affiliates, successors, directors, officers, employees and representatives. The terms Parent(s)/Guardian(s) shall include the dependents, heirs, executors, administrators, assigns and successors or each.
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.

Mason's Place Too, LLC

Signature: _____

Name: _____

Title: _____

Date: _____

PARENT(S) OR GUARDIAN(S)

Signature: _____

Name: _____

Relationship: _____

Date: _____

Signature: _____

Name: _____

Relationship: _____

Date: _____

Allergy Treatment Training Acknowledgment

I, _____, have been trained by
Mason's Place Too Employee

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

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

a child enrolled at Mason's Place Too in the event the child has been exposed to

_____ and is at risk of an 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 a part of this Acknowledgment.

Signature: _____ Date of Training: _____
(Mason's Place Too Employee)

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

This form should be completed for each of the Mason's Place Too staff members being trained.

**Acknowledgment of Receipt of Policy for Administering Emergency Treatment
to Children with Severe Allergies**

I acknowledge that I have received a copy of Mason's Place, LLC's Policy for Administering Emergency Treatment to Children with Severe Allergies.

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

Date: _____