

2024-2025 BETH EL EARLY LEARNING CENTER MEDICAL POLICY PACKET: Illness, Medication & Allergy

Illness Policy

- If your child is ill at home:
 - If your child is ill, we ask that you please keep them home until they are fever and symptom free for at least 24 hours. This includes, but is not limited to coughing, sneezing, sore throat, runny nose, abdominal pain, diarrhea, vomiting, and/or lethargy.
 - **If your child is diagnosed by a doctor with a contagious disease, you must notify the school office immediately.** Contagious diseases include, but are not limited to strep throat, conjunctivitis (pink eye), hand, foot and mouth disease, influenza (flu), COVID-19, RSV, pinworms, croup, or lice.
 - It is the responsibility of the school to alert parents in the case of a contagious disease diagnosis in the classroom. A health notice will be distributed via email to all classroom parents, regarding detailed information on the disease (incubation period, treatment, re-admittance to school, etc.).
 - If your child should contract a contagious disease or rash, we must have a note from your child's doctor stating that they are in good health before being readmitted. **No child will be allowed to return to school with an unspecified rash or symptoms of illness without a doctor's note.**
 - A good rule of thumb to apply when making the decision as to whether or not to send your child to school is: "When in doubt, please keep them out."
- If your child should become ill at school:
 - If your child is in school and begins to develop a low-grade fever or symptoms of illness including, but not limited to coughing, sneezing, sore throat, runny nose, abdominal pain, diarrhea, vomiting, and/or lethargy, you will be notified by your child's teacher.
 - Based on the symptoms, the teacher will let you know if you must pick your child up from school. Some of these symptoms include, but are not limited to:
 - They are running a fever of 100.4 or higher
 - They have had 3 cases of diarrhea in one day
 - They have vomited
 - They have an unspecified rash
 - They appear to be having an allergic reaction
 - Office administration feels it is not in the child's or the class's best interest for the student to remain at school with their current symptoms.
 - A child who becomes ill at school will be made comfortable in the school office or classroom until his or her parent can be notified and the child is picked up.
 - Parents or a person on the child's authorized pick-up list are expected to arrive **within 30 minutes** after being called. The school is not equipped to accommodate the needs of a sick child.
 - The child must be fever and symptom free for at least 24 hours before they can return to school and may require a doctor's note depending on their symptoms.

- Please keep the following items in mind when deciding whether to send your child into school:
 - Often behavior that is different (i.e., fatigue, paleness, loss of appetite, irritability or restlessness) is a precursor to illness. If your child is experiencing these symptoms, they should be kept home.
 - Illness can affect a happy, energetic child in a negative manner, predisposing him/her to accidents in the classroom and on the playground.
 - At these ages, children are still mastering skills like sneezing into a tissue or covering their mouth when they cough. In the school setting, germs are easily spread by touching one's nose and mouth, placing toys in one's mouth and by touching others near you.
 - It is not only in the best interest of your child, it is in the best interest of the other children in the classroom, to keep your child home when they are not feeling at their best.
 - If your child wakes up in the morning exhibiting symptoms of illness and requires fever-reducing medication to feel well enough for school, we kindly ask that you keep them at home. Bringing your child to school under these circumstances may not only result in them feeling unwell during the day but also potentially expose other students and staff to illness. We need your cooperation in keeping our school community healthy.

Medication Administration Policy

- For any medication given at school, including prescription & non-prescription/over-the-counter medications (other than diaper cream, sunscreen or insect repellent) you will need to present a **doctor's prescription** and a signed copy of the **Medication Permission Form** on page 4.
- DO NOT bring in non-prescription/over-the-counter medicines without a doctor's prescription (this includes cough syrups and aspirin/Tylenol/Motrin). **We will not administer any medication without a doctor's prescription.**
- All prescription & non-prescription/over-the-counter medications must be in their original containers with the appropriate label (student's name, medication name, dosage, and prescribing physician's information).
- Physical barriers such as diaper creams, sunscreen and insect repellent will be applied with a signed **Parent Authorization Form on page 5** and do not require a doctor's prescription.
- We cannot administer nebulizer treatments.
- Under no circumstances are medications to be mixed by a parent or staff member in a child's bottle, sippy cup or food.
- **Medication Drop Off and Pick-Up Procedures**
 - Parents **MUST** drop off their child's medications in the Administration Office. An administrator will verify that your form is signed and that the medication is properly labeled and in its original packaging.
 - Do not give any prescription or non-prescription medications and/or medication forms directly to your child's teacher.
 - Do not send your child to school with medication inside their belongings (backpack, lunch box, etc.)
 - A parent/guardian may pick-up their child's medication from the Administration Office.
 - All medications **MUST** be picked-up from the Administrative Office within the **last 3 days of the school year.**
 - Any medications not picked up by the end of last day of school will be discarded.

- All medical forms must be renewed at the beginning of each school year. This includes updated prescriptions and parental consents.

Student Allergy Policy

- Parents are responsible for communicating known allergies and/or suspected allergies to the staff at the Beth El Early Learning Center on the necessary registration forms.
- If your child requires over-the-counter or prescription medications or creams to treat their allergy symptoms, you will need to fill out the **Medication Permission Form** on page 4.
- **EpiPen Policy:**
 - Any child with a prescription for an EpiPen, **will need to provide the school with 2 EpiPens**. One to be stored in the classroom and one to be stored in the school office.
 - Children with EpiPen prescriptions must have them on site at all times they are present at school.
 - All EpiPens must be clearly labeled with your **child's name** and the **expiration date**.
 - Parents of children with EpiPens will need to **fill out both the Medication Permission Form** (page 5) and the **Allergy Anaphylaxis Emergency Care Plan** (page 6&7).
 - A child that has an allergy requiring an EpiPen prescription will be sat away from children eating the known allergen with spacing as far as possible.
 - A classroom teacher will be assigned to supervise a child with severe allergies during mealtimes.
 - **Parents must provide all food served to any child with an EpiPen prescription on file for a food allergy.**



PARENT AUTHORIZATION FORM FOR DIAPER CREAM, SUNSCREEN & INSECT REPELLENT

Child's Name: _____

Write in the Names of All That Apply:

- Name of Diaper Cream: _____
- Name of Sunscreen: _____
- Name of Insect Repellent: _____

When Should It Be Applied (write in a specific time or circle "as needed"):

- Diaper Cream: _____AM/PM, _____times a day **OR** As Needed
- Sunscreen: _____AM/PM, _____times a day **OR** As Needed
- Insect Repellent: _____AM/PM, _____times a day **OR** As Needed

Do not send medications to school with your child or give medications directly to teachers. Parents must hand deliver any diaper cream, sunscreen and/or insect repellent to the Administration Office. An administrator will verify that the form is signed and that the ointments/repellents are in their original packaging and clearly labeled with the child's name.

PARENTAL AUTHORIZATION:

I/We, _____, hereby grant permission to Beth El Early Learning Center staff to administer the diaper cream, sunscreen and/or insect repellent listed above to _____ while in school.

Additionally, I agree to follow the medication delivery instructions set forth in this document.

Parent's Signature

Date

Parent's Signature

Date



MEDICATION PERMISSION FORM & LOG

Directions: Parents, please only fill out the top section. **The Medication Log is for staff only. You DO NOT have to fill out this form if you are authorizing the use of diaper cream, sunscreen or insect repellent.**

Start Date: _____ End Date: _____

Name of Child: _____

Name of Medicine: _____

Time to be administered at school: _____

Amount of Dosage: _____

Signature of Parent: _____

All medications, whether prescription or over-the-counter, must be accompanied by a doctor’s prescription. This includes cough syrups, aspirin, Tylenol, and Motrin. Again, the **Beth El Early Learning Center will not administer any medication without a doctor’s prescription.** All medications must be in their original containers. For prescription medications, the label must be dated, and have the name of the child, name of medicine, the dosage, and the name of the prescribing doctor.

It is the responsibility of the parent/guardian to drop-off and pick up their child’s medications in the Administration Office. An administrator will verify that your permission form is signed, that the medication is properly labeled and that it’s in its original packaging. **DO NOT** give any prescription or over-the-counter medications and/or medication forms directly to your child’s teacher or send your child to school with medication inside their belongings (backpack, lunch box, etc.).

MEDICATION LOG <i>(staff only)</i>						
NAME	MEDICATION	DATE	TIME	METHOD	AMOUNT OF DOSAGE	INITIAL OF PERSON GIVING MEDICATION

**PLACE
PICTURE
HERE**

Name: _____ D.O.B.: _____

Allergic to: _____

Weight: _____ lbs. Asthma: **Yes (higher risk for a severe reaction)** **No**

NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.

Extremely reactive to the following allergens: _____








THEREFORE:

If checked, give epinephrine immediately if the allergen was **LIKELY** eaten, for **ANY** symptoms.

If checked, give epinephrine immediately if the allergen was **DEFINITELY** eaten, even if no symptoms are apparent.

FOR ANY OF THE FOLLOWING:





SEVERE SYMPTOMS

 LUNG Shortness of breath, wheezing, repetitive cough	 HEART Pale or bluish skin, faintness, weak pulse, dizziness	 THROAT Tight or hoarse throat, trouble breathing or swallowing	 MOUTH Significant swelling of the tongue or lips
 SKIN Many hives over body, widespread redness	 GUT Repetitive vomiting, severe diarrhea	 OTHER Feeling something bad is about to happen, anxiety, confusion	OR A COMBINATION of symptoms from different body areas.

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1. **INJECT EPINEPHRINE IMMEDIATELY.**
2. **Call 911.** Tell emergency dispatcher the person is having anaphylaxis and may need epinephrine when emergency responders arrive.
 - Consider giving additional medications following epinephrine:
 - » Antihistamine
 - » Inhaler (bronchodilator) if wheezing
 - Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
 - If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
 - Alert emergency contacts.
 - Transport patient to ER, even if symptoms resolve. Patient should remain in ER for at least 4 hours because symptoms may return.

MILD SYMPTOMS

 NOSE Itchy or runny nose, sneezing	 MOUTH Itchy mouth	 SKIN A few hives, mild itch	 GUT Mild nausea or discomfort
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FOR MILD SYMPTOMS FROM MORE THAN ONE SYSTEM AREA, GIVE EPINEPHRINE.

FOR MILD SYMPTOMS FROM A SINGLE SYSTEM AREA, FOLLOW THE DIRECTIONS BELOW:

1. Antihistamines may be given, if ordered by a healthcare provider.
2. Stay with the person; alert emergency contacts.
3. Watch closely for changes. If symptoms worsen, give epinephrine.

MEDICATIONS/DOSES

Epinephrine Brand or Generic: _____

Epinephrine Dose: 0.1 mg IM 0.15 mg IM 0.3 mg IM

Antihistamine Brand or Generic: _____

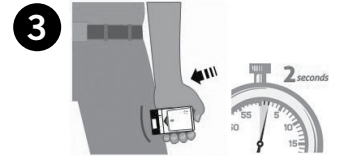
Antihistamine Dose: _____

Other (e.g., inhaler-bronchodilator if wheezing): _____

I give permission to the Beth El Early Learning Center to post this Food Allergy & Anaphylaxis Emergency Child Care Plan, which contains medical information about my child, in their classroom where it will be visible to the public.

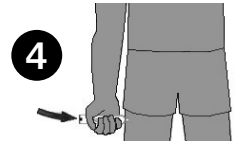
HOW TO USE AUVI-Q® (EPINEPHRINE INJECTION, USP), KALEO

1. Remove Auvi-Q from the outer case. Pull off red safety guard.
2. Place black end of Auvi-Q against the middle of the outer thigh.
3. Press firmly until you hear a click and hiss sound, and hold in place for 2 seconds.
4. Call 911 and get emergency medical help right away.



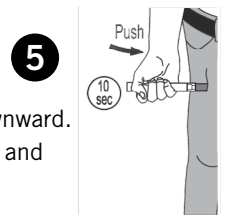
HOW TO USE EPIPEN®, EPIPEN JR® (EPINEPHRINE) AUTO-INJECTOR AND EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF EPIPEN®), USP AUTO-INJECTOR, MYLAN AUTO-INJECTOR, MYLAN

1. Remove the EpiPen® or EpiPen Jr® Auto-Injector from the clear carrier tube.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward. With your other hand, remove the blue safety release by pulling straight up.
3. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
4. Remove and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.



HOW TO USE IMPAX EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF ADRENALICK®), USP AUTO-INJECTOR, AMNEAL PHARMACEUTICALS

1. Remove epinephrine auto-injector from its protective carrying case.
2. Pull off both blue end caps: you will now see a red tip. Grasp the auto-injector in your fist with the red tip pointing downward.
3. Put the red tip against the middle of the outer thigh at a 90-degree angle, perpendicular to the thigh. Press down hard and hold firmly against the thigh for approximately 10 seconds.
4. Remove and massage the area for 10 seconds. Call 911 and get emergency medical help right away.



HOW TO USE TEVA'S GENERIC EPIPEN® (EPINEPHRINE INJECTION, USP) AUTO-INJECTOR, TEVA PHARMACEUTICAL INDUSTRIES

1. Quickly twist the yellow or green cap off of the auto-injector in the direction of the "twist arrow" to remove it.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward. With your other hand, pull off the blue safety release.
3. Place the orange tip against the middle of the outer thigh at a right angle to the thigh.
4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
5. Remove and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.



HOW TO USE SYMJEPI™ (EPINEPHRINE INJECTION, USP)

1. When ready to inject, pull off cap to expose needle. Do not put finger on top of the device.
2. Hold SYMJEPI by finger grips only and slowly insert the needle into the thigh. SYMJEPI can be injected through clothing if necessary.
3. After needle is in thigh, push the plunger all the way down until it clicks and hold for 2 seconds.
4. Remove the syringe and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.
5. Once the injection has been administered, using one hand with fingers behind the needle slide safety guard over needle.



ADMINISTRATION AND SAFETY INFORMATION FOR ALL AUTO-INJECTORS:

1. Do not put your thumb, fingers or hand over the tip of the auto-injector or inject into any body part other than mid-outer thigh. In case of accidental injection, go immediately to the nearest emergency room.
2. If administering to a young child, hold their leg firmly in place before and during injection to prevent injuries.
3. Epinephrine can be injected through clothing if needed.
4. Call 911 immediately after injection.

OTHER DIRECTIONS/INFORMATION (may self-carry epinephrine, may self-administer epinephrine, etc.):

Treat the person before calling emergency contacts. The first signs of a reaction can be mild, but symptoms can worsen quickly.

EMERGENCY CONTACTS — CALL 911

DOCTOR: _____ PHONE: _____

PARENT/GUARDIAN: _____ PHONE: _____

PARENT/GUARDIAN: _____ PHONE: _____

OTHER EMERGENCY CONTACTS

NAME/RELATIONSHIP: _____ PHONE: _____

NAME/RELATIONSHIP: _____ PHONE: _____

NAME/RELATIONSHIP: _____ PHONE: _____