# INSTRUCTIONS FOR COMPLETING REQUIRED FORMS FOR CHILDREN WITH ALLERGIES

## MEDICATION TO BE PROVIDED

**You indicated on your child’s registration that your child has an allergy, and you will be providing North Shore Before/After School with medications.**

Per OCFS license regulations, you must complete the attached **“Allergy To” Individual Health Care Plan, Medication Consent Form(s)** and the **Individual Allergy and Anaphylaxis Emergency Form** as follows (see below):

**The Individual Health Care Plan must be completed as follows:**

* Complete on page 1 of the **Individual Health Care Plan:**  
  - Child’s information, legal name, date of birth  
  - Health care provider name and discipline (MD, PA, NP, etc.)  
  - School district  
  - Site  
  - Specific allergies
* Complete on page 2 of the **Individual Health Care Plan:**  
  - In the “Most staff is trained in CPR and First Aid” section, please indicate if any specialized training is necessary for your child’s condition  
  - **“List any restrictions”** section: write none if there are no restrictions  
   **For food allergies only**, you must state specifically which NSBA snacks are approved for your child, or if all NSBA snacks are approved, or if no NSBA snacks approved. All NSBA snacks are peanut and tree nut free. Contact NSBA if you need additional information about our snacks.  
  - Answer both YES/NO questions

- Parent/guardian signature and date

**NOTE: Please do not combine multiple diagnoses onto one Individual Health Care Plan**.

**Medication Consent Form** (complete a separate form for each medication to be administered):

- Items 1-18 on page 1 must be **completed by your child’s health care provider**, along with numbers 33-35 on page 2 if #12 and/or #13 is checked “yes”  
- Note: Every item must be complete (forms with missing information will not be accepted)  
- Numbers 19-23 on page 2 is to be **completed by the parent/guardian**  
- Note: Every item must be complete (forms with missing information will not be accepted)  
- Numbers 24-30 are completed by the program staff once they have received completed forms with matching medications  
- Bring medications in the original package with Rx label to the program with the forms for the site director to review

Please note, forms and medications must accompany one another **and** match. If your forms says “Epi Pen” and the medication is “Epinephrine”, this does not match. Please also check the medication strength (children’s vs. adult) on the form before making the medication purchase to ensure that it matches.

**Medication** must be in the **original box** with the **original pharmacy label**.  
Pharmacy label instructions must match the instructions on the form. Over-the-counter medication must be labeled with the child’s name. Medication samples cannot be accepted.  
The expiration date of the medication should be no less than 6 months from your child’s start date. You must provide the appropriate administration tool along with medications and check dosing information on the form against the measuring tool included in the package to be sure it matches what your doctor wrote – i.e. milliliters, ounces, teaspoon, etc.  
If any form or medication is incorrect/incomplete, NSBAcannot accept medication and your child’s start date may be delayed.

**Individual Allergy and Anaphylaxis Emergency Plan**

- Page 1 – Parent/guardian and child’s health care provider complete child name, date of plan, DOB, weight, asthma question, and allergen/exposure/symptoms. Do not leave any items blank. Check boxes at the bottom of the page must be checked or include alternate instructions.  
- Page 2 – Parent/guardian and child’s health care provider complete DATE OF PLAN, MEDICATION/DOSES and MAT/EMAT CERTIFIED PROGRAM ONLY SECTION to match Medication Consent Forms. Any items that are not applicable, child’s health care provider should cross out and initial (for example, if child only has antihistamine and not epinephrine).  
- Page 3 – Complete Document Plan Here section. Parent/guardian and child’s health care provider complete emergency contacts and sign. If a child only has epinephrine OR antihistamine, the child’s health care provider must state that in the STRATEGIES TO REDUCE RISK section. Parent/guardian and child’s health care provider complete emergency contacts and sign.

**If any form is incorrect/incomplete, your child’s start date may be delayed**.