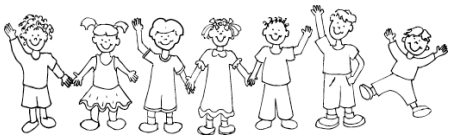


Play and Learn School

Dear Parent/Guardian,

Our records indicate that your child has a medical condition that may require special care while at school. To ensure we can provide appropriate support and respond safely in the event of a medical emergency, please complete the enclosed forms.

The Parent/Guardian and your child's healthcare provider must complete the required forms before school begins. These documents authorize trained school personnel to administer medications or perform any necessary medical procedures while your child is in our care. They also help us create a safe, supportive environment that minimizes unnecessary restrictions, helps your child feel included, and reduces disruptions to their school experience.

Please notify the school immediately if there are any changes to your child's medical condition, medications, treatment plan, or emergency daytime contact information.

The following forms must be returned to the school office before the first day of school:

- Food Allergy & Anaphylaxis Emergency Care Plan
- Allergy Questionnaire
- Request for Medication Administration

Thank you for your prompt attention to these important requirements. We appreciate your cooperation and look forward to working with you to ensure your child has a safe, healthy, and successful school year.

Sincerely,

Jason Hoffman
Director

FARE Food Allergy Research & Education — FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN

Name: _____ D.O.B.: _____

Allergic to: _____

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

History of anaphylaxis: ☐ **Yes** ☐ **No**

PLACE PICTURE HERE

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

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.

1. **ADMINISTER 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.

ADDITIONAL PHYSICIAN COMMENTS

MILD SYMPTOMS

NOSE
Itchy or runny nose, sneezing

MOUTH
Itchy mouth

SKIN
A few hives, mild itch

GUT
Mild nausea or discomfort

FOR **MILD SYMPTOMS** FROM **MORE THAN ONE** SYSTEM AREA, GIVE EPINEPHRINE AND **CALL 911.**

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 and call 911.

☐ **If this box is checked by the child's physician, the child has an extremely severe allergy to** _____ **and should be given epinephrine at the first sign of any symptoms, even if mild.**

MEDICATIONS/DOSES

Epinephrine Brand or Generic: _____

Epinephrine Dose: ☐ 0.1 mg IM (intramuscular) ☐ 0.15 mg IM ☐ 0.3 mg IM ☐ 1 mg IN (intranasal) ☐ 2 mg IN

Antihistamine Brand or Generic: _____

Antihistamine Dose: _____

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

☐ Patient may self-carry ☐ Patient may self-administer

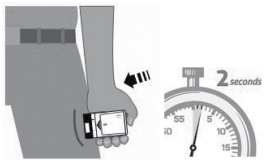
PATIENT OR PARENT/GUARDIAN AUTHORIZATION SIGNATURE DATE PHYSICIAN/HCP AUTHORIZATION SIGNATURE DATE

FORM PROVIDED COURTESY OF FOOD ALLERGY RESEARCH & EDUCATION (FARE) (FOODALLERGY.ORG) 8/2025

FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN

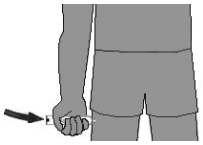
FARE
Food Allergy Research & Education

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



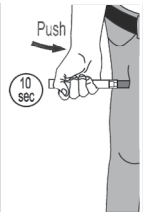
1. Remove Auvi-Q from the outer case. Pull off red safety guard.
2. Place black end of Auvi-Q against the middle of the outer thigh.
3. Press firmly until you hear a click and hiss sound, and hold in place for 2 seconds.
4. Call 911 and get emergency medical help right away.

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



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 ADRENACLICK®), 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.

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.

HOW TO USE NEFFY® (EPINEPHRINE NASAL SPRAY)

1. Remove neffy from packaging. Pull open the packaging to remove the neffy nasal spray device.
2. Hold device as shown. Hold the device with your thumb on the bottom of the plunger and a finger on either side of the nozzle. Do not pull or push on the plunger. Do not test or prime (pre-spray). Each device has only 1 spray.
3. Insert the nozzle into a nostril until your fingers touch your nose. Keep the nozzle straight into the nose pointed toward your forehead. Do not point (angle) the nozzle to the nasal septum (wall between your 2 nostrils) or outer wall of the nose.
4. Press plunger up firmly until it snaps up and sprays liquid into the nostril. Do not sniff during or after the dose is given. If any liquid drips out of the nose, you may need to give a second dose of neffy after checking for symptoms. Call 911 immediately after first use.
5. If symptoms don't improve or worsen within 5 minutes of initial dose, administer a second dose into the same nostril with a new neffy device.

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

RESCUE SQUAD: _____

DOCTOR: _____ PHONE: _____

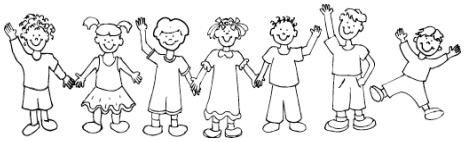
PARENT/GUARDIAN: _____ PHONE: _____

OTHER EMERGENCY CONTACTS

NAME/RELATIONSHIP: _____ PHONE: _____

NAME/RELATIONSHIP: _____ PHONE: _____

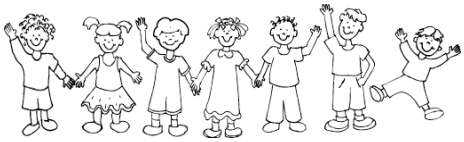
NAME/RELATIONSHIP: _____ PHONE: _____



Play and Learn School

Allergy Questionnaire

Child's Name	Date of Birth
Allergies	
Date of child's last allergic episode?	☐ Never had an allergic episode.
Please describe what happened:	
Diagnosed by skin/blood testing? ☐ Yes ☐ No	
Has the child ever been hospitalized for an allergic episode? ☐ Yes ☐ No	
Does the child react when the above named allergen is eaten? ☐ Yes ☐ No Type of reaction: ☐ Stomachache ☐ Itching ☐ Hives ☐ Itchy Throat ☐ Cough/Wheezing ☐ Anxiety/Restless ☐ Swollen Lips/Tongue Other:	
If this is a food allergy, do you plan to send lunch for your child each day? ☐ Yes ☐ No	
Can the child sit near someone eating the allergen? ☐ Yes ☐ No	
Can your child eat food processed in a facility that also processes the allergen? ☐ Yes ☐ No	
Does your child know what the allergen looks like and how to avoid it? ☐ Yes ☐ No	
Does the child react when he/she smells or inhales the above named allergen? ☐ Yes ☐ No Type of reaction: ☐ Stomachache ☐ Itching ☐ Hives ☐ Itchy Throat ☐ Cough/Wheezing ☐ Anxiety/Restless ☐ Swollen Lips/Tongue Other:	
Does the child react when he/she touches (or bitten/stung by) the above named allergen? ☐ Yes ☐ No Type of reaction: ☐ Rash ☐ Itching ☐ Hives ☐ Itchy Throat ☐ Cough/Wheezing ☐ Anxiety/Restless ☐ Swollen Lips/Tongue Other:	
Can the center send a letter home notifiying the classroom about the child's allergy in order to decrease the chances the allergen will be brought by a classmate? ☐ Yes ☐ No	
What do you do at home (accommodations, diet restrictions, substitutions)?	



Play and Learn School

Request for Medication Administration

In accordance with Play and Learn School policy, staff members are permitted to administer medication. Administration of medication at the center will only be done when it is impossible for parents to fulfill the recommended cycle of delivery. This is to be done only if medication has been prescribed by the child's health care professional who has noted diagnosis, medication, dosage and time. This includes any over the counter medications. In addition, a parent/guardian must sign the permission form below and return to the office. The permission form must be updated every school year.

The prescription must be in properly labeled pharmacy containers. Over the counter medications must be in the original, sealed container and accompanied by a health care professional's note. Medication must be brought to the office and picked up by a designated adult.

I understand that Play and Learn School and its employees or agents shall have no liability as a result of any injury arising from the administration of the medication listed below; and shall indemnify and hold harmless the school and its employees or agents against any claims arising out of administration of the medication.

If your child has a food allergy, asthma, or seizure disorder, this form must be filled out for each medication in addition to the action plans that have been developed for those medications. Forms are available in the school office.

Authorization is hereby given for medication to be administered in school to:

Child's Name		Date of Birth
Diagnosis		
Dosage	Frequency	Time to be Given
In the event of school trips, child may skip medication for the day? ☐ Yes ☐ No		

Healthcare Provider's Name (please print)		
Healthcare Provider's Signature		Healthcare Providers Stamp
Date	Phone	

Parent/Guardian Signature	Date