



A Mission of Christ Community Church

Emergency Medication Policy

Dear Parent,

Upon notification of a child having asthma, an allergy or any other life threatening condition **requiring emergency medicine**, Mustard Seed Preschool requires the following:

Allergy: a medical condition that causes someone to become sick after eating, touching or breathing something that is harmless to most people

PLEASE INITIAL ON THE LINE PRECEEDING EACH OF THE FOLLOWING POINTS TO ACKNOWLEDGE YOUR PARTICIPATION IN THIS ACTION.

1. _____ **Parents are responsible** for bringing in an Emergency Medicine Administration plan, obtained and signed by their pediatrician or allergist before the student can attend school. It can be faxed to 615-468-2279.
2. _____ **Parents are responsible** to notify their child's regular teacher, assistant and/or any substitute in the classroom, discuss procedures, and train them according to the signed allergy action plan.
3. _____ **Parents must provide** an allergy medication bag. This bag will contain any medication the child needs in an emergency situation. This medication must be accessible to your child's teacher every time your child is in our care. This medicine bag must remain at MSP.
4. _____ **Parents are required** to request meeting with the classroom teacher to discuss and review medical needs for serious medical conditions that require on-going care. Mustard Seed Preschool does not administer any medication except in life saving situation such as food allergy reactions.
5. _____ **Parents will be required** to sign a medical release created by Christ Community Church holding the church or any members/individuals harmless from any ensuing reaction or unintended consequence as a result of the administering of medication.

The student may not attend school until the Emergency Medical Plan is received from the physician, this form is completed and the parent and teacher discuss and review.

All efforts to enforce awareness, prevention and treatment rely solely on the parent. With this stated, MSP staff will be delighted to participate in this process realizing the parent's role as leader and implementer.

I/WE HAVE READ THE ABOVE POLICY AND FULLY UNDERSTAND IT.

This the _____ day of _____, 20 ____.

Print Child's Name

Signature of Parent

MSP Teacher Signature

I followed all five steps outlined above -- I have submitted to my child's teacher and reviewed the allergy action plan on _____
Date

Date New Medicine given to MSP Staff/Teacher: _____

Date Medicine Received at MSP: _____

Date Medicine Returned (Expired): _____

Date Medicine Returned (end of school): _____