Updated: April 2026

JOYFUL NOISE
Christian Childcare

Allergy Care Plan

Child's Name: _____

Date of Birth: _____

Known Allergies: _____

Emergency Medications Provided (if applicable): _____

_____

JOYFUL NOISE
Christian Childcare

For Office Use Only: Staff Signature _____
Date: _____

Allergy Emergency Care and Acknowledgment Form

Child's Name: _____

Date of Birth: _____

Emergency Care Procedures
If your child experiences an allergic reaction, staff will follow required emergency procedures on the attached F.A.R.E form, including:

- Immediate administration of prescribed emergency medication (e.g., epinephrine auto-injector) in accordance with provided medical instructions on the attached F.A.R.E form
- Contacting emergency medical services (911) when appropriate
- Notifying the parent/guardian or emergency contact as soon as possible

Prevention Practices at Joyful Noise:

- All parents/guardians will be notified of known allergens within the center and asked to avoid bringing those items to the classroom and facility
- The child's name and known allergy will be posted in staff-accessible areas only (upon your approval – see the attached "Consent to Post Allergy Information Regarding Your Child" form), including but not limited to: the child's classroom, food preparation areas and emergency information binders
- Food sharing will be prohibited among children
- All staff will be trained on allergy prevention, recognizing the symptoms of a mild reaction and severe (anaphylactic) reaction and how to respond in the event of an exposure or reactive event
- All individual child care plans will be reviewed by all program staff
- All plans will be taken on field trips and other activities off-site

Parent/Guardian Responsibilities & Liability Acknowledgment
By signing below, I acknowledge and agree that:

- I have informed the center of all known allergies and will provide **written medical documentation and instructions** as required.
- I will supply all necessary emergency medications (e.g., epinephrine auto-injector) and ensure they are **current, properly labeled, and replaced prior to expiration**.
- I understand that while the center will take all reasonable precautions to reduce the risk of allergen exposure, **a completely allergen-free environment cannot be guaranteed**.
- I agree to update the center promptly with any changes to my child's medical condition, allergy status, or emergency care instructions.

I acknowledge that the center's ability to respond effectively depends on the accuracy of the information and the availability of required medications provided by me.

Parent/Guardian Name: _____

Signature: _____ **Date**: _____

Updated: April 2026

JOYFUL NOISE
Christian Childcare

For Office Staff Only: Signature _____
Date: _____

Consent to Post Allergy Information Regarding Your Child

Child's Name: _____

Date of Birth: _____

Dear Parent/Guardian,

In accordance with Michigan childcare licensing requirements and to support a safe environment for all children, our center maintains procedures to prevent and respond to serious allergic reactions.
To ensure that all staff members are informed and prepared, we request your permission to post your child's **name, photograph (if provided), and identified serious allergy/allergies** (e.g., peanuts, tree nuts, dairy, insect stings, medications) in **staff-accessible areas only**, including but not limited to classrooms, food preparation areas, and emergency information binders.

This information will be:

- Used solely for health and safety purposes
- Accessible only to staff and individuals responsible for your child's care
- Handled in a manner that maintains confidentiality in accordance with licensing rules

Consent for Posting Allergy Information

☐ **I give permission** for the childcare center to post my child's name, photograph (if applicable), and specific allergy/allergies in staff-accessible areas for safety and emergency response purposes.

☐ **I do not give permission** for this information to be posted.

Parent/Guardian Name: _____

Signature: _____ Date: _____

Updated: April 2026

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

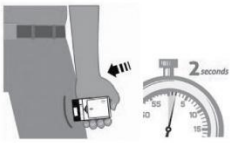
PATIENT OR PARENT/GUARDIAN AUTHORIZATION SIGNATURE DATE PHYSICIAN/HCP AUTHORIZATION SIGNATURE DATE

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

FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN

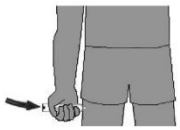
FARE
Food Allergy Research & Education

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



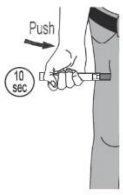
1. Remove Auvi-Q from the outer case. Pull off red safety guard.
2. Place black end of Auvi-Q against the middle of the outer thigh.
3. Press firmly until you hear a click and hiss sound, and hold in place for 2 seconds.
4. Call 911 and get emergency medical help right away.

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: _____