



An Education for LIFE!

23 Park Street, New Canaan, CT 06840  
Phone: 203-972-3111 Fax: 203-972-3125  
[office@toddlertimens.org](mailto:office@toddlertimens.org) [www.toddlertimens.org](http://www.toddlertimens.org)

Dear Parent(s),

You have noted that your child will be coming to school with medications related to an allergic reaction. Please use this as a check list and bring it back to us with all your medications and forms. In order to complete this check list, you will need three photos of your child from the shoulders up. Forms that are referred to are specific state forms which can be found on our website. In order to comply with State regulations, ToddlerTime's allergy protocol requirements are as follows:

**Epi-pen requirements**

- Need two epi-pens/yes \_\_\_\_\_
- Epi-pens need to be in original box with prescription information from pharmacy containing child's name, name of medication, direction for use and date of prescription/yes \_\_\_\_\_
- Not expired/Expiration date \_\_\_\_\_

**Benadryl or other oral medications**

- Medication in original container/yes \_\_\_\_\_
- Not expired/expiration date \_\_\_\_\_
- Unwrap medicine, label bottle with child's name/yes \_\_\_\_\_
- Please write line on cup with permanent marker that indicates dosage /yes \_\_\_\_\_

**Other Medications (including inhaler)**

- Medication in original container/yes \_\_\_\_\_
- Labeled with child's name/yes \_\_\_\_\_
- Not expired/Expiration date \_\_\_\_\_

### **Emergency Health Care Plan Form AKA Protocol Form**

- Doctor's orders on the order of steps to be taken should an allergic reaction be suspected/yes\_\_\_\_\_
- Doctor's signature/yes\_\_\_\_\_
- Parent's signature/yes\_\_\_\_\_
- Form completely filled out including top, hospital, picture, parent's signature and emergency contacts/yes\_\_\_\_\_
- We will fill in trained staff members/done\_\_\_\_\_

### **Authorization for the Administration of Medication Form**

- Must have a separate form for each medicine on the protocol form/yes\_\_\_\_\_
- If Authorization form states the name brand, medicine must be named brand (not generic)/yes\_\_\_\_\_
- Must have a specific start and end date/yes\_\_\_\_\_
- End date is \_\_\_\_\_/not expired/yes\_\_\_\_\_
- Parent section must be completely filled out by parent including all the information you might not consider relevant/yes\_\_\_\_\_
- Cross out self-administration of medication section/yes\_\_\_\_\_
- We will date and sign as receiving authorization/done\_\_\_\_\_

### **Medication Administration Record (MAR)**

- One form for each medication/yes\_\_\_\_\_
- Top filled out/yes\_\_\_\_\_ ("medication order" means name of medicine)
- We will fill out bottom when forms and medicine is accepted/done\_\_\_\_\_

### **Final Steps (almost there!)**

- Please put above in a box with your child's name/yes\_\_\_\_\_
- Please supply two additional photos/yes\_\_\_\_\_
- Once we have your box, we will label it with protocol steps, expiration date of each medication and each form and adhere photo/done\_\_\_\_\_ and make an allergy alert card for classroom/done\_\_\_\_\_

Please call us with any questions. It's a bit complicated, especially your first time, and it can take time to get the forms and medications right so please give yourself lots of time. We're here to help should you need it!

The Toddlertime Office