Smart Stuff Learning Center Allergy Policy

At Smart Stuff Learning Center, the safety and well-being of all children are our top priorities. To ensure the proper management of food allergies and emergency responses, and to comply with DCFS licensing standards the following is required:

1. **Illinois Food Allergy Action Plan Requirement**
    - All children with known food allergies must have a completed **Allergy Action Plan** on file before their first day of attendance.
    - This action plan must be **signed by the child's physician/allergist** and outline specific allergy triggers, symptoms, and emergency procedures.
    - Parents/guardians are responsible for keeping this plan updated and providing a new form annually or whenever changes occur.

2. **Epinephrine Auto-Injector (EpiPen) Requirements**
    - If a child requires an EpiPen or other emergency medication, **two must be provided to Smart Stuff before the child's first day**. One will be stored in our outdoor bag.
    - The EpiPen's must be **in their original prescription box**, **unopened and unused**, with a **clearly labeled pharmacy prescription** matching the child's name.
    - Expired or damaged EpiPens will not be accepted. Parents/guardians must ensure that the medication is replaced before the expiration date.

3. **Storage and Accessibility**
    - All EpiPens and emergency medications will be stored in a designated, easily accessible location known to all staff.
    - Medications will only be administered in accordance with the Allergy Action Plan.

4. **Staff Training**
    - Staff members are trained to recognize allergic reactions and administer emergency medication as needed.
    - Staff will follow the emergency response plan outlined in the Allergy Action Plan and notify parents/guardians immediately in case of an allergic reaction.

By enrolling your child at Smart Stuff Learning Center, you acknowledge and agree to comply with this allergy policy. **If you have any questions, please contact our administration team at carla@smartstuffedu.com.**

Parent/Guardian Acknowledgment:
I have read and understand the Smart Stuff Allergy Policy. I agree to provide all necessary documentation and medication as required.

Child's Name: _____

Parent/Guardian Name: _____

Signature: _____

Date: _____

Effective February 2025