

Instructions for Completing Allergy & Asthma Forms

You indicated on your child's registration forms that your child has an allergy. Harmony UPK is regulated by the Office of Children and Family Services (OCFS), and per the NY State regulations the following health care forms must be completed:

- Complete on page 1 of the Individual Health Care Plan
 - Child's information, legal name, date of birth
 - Health care provider name and discipline (MD, PA, NP, etc.)
 - School District
 - Site (Harmony UPK)
 - Specific allergies
- Complete on page 2 of the Individual Health Care Plan
 - Any specialized training necessary for your child's condition
 - Indicated restrictions. If no restrictions, write "none"
 - For food allergies only state
 - Parent/guardian signature

**Please fill out a separate
Individual Health Care Plan for each diagnosis**

If Harmony will administer medication you must complete the Medication Consent Form as follows:

- Items #1-18 on page 1 must be completed by your child's physician, along with #33-35 if #12 and/or #13 is checked yes
 - Every item must be complete. We cannot accept forms with missing information.
- Items #19-23 on page 2 must be completed by the parent/guardian
 - Every item must be complete. We cannot accept forms with missing information.

**Please fill out a separate
Medication Consent Form for each medication**

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Please Note:

1. Medication must be in the original packaging with attached pharmacy label, along with the corresponding completed Medication Consent Form(s). Pharmacy label instructions must match the instructions on the Medication Consent Form. Over the counter medication must be labeled with the child's first and last name.
2. Medication Consent Forms and medication labels must accompany one another, and they must match. If the Medication Consent Form states "Epi Pen" and the medication label reads "Epinephrine" they do not match.
3. Please check the medication strength on the form before purchasing.
4. If the medication will expire before the end of the school year it will need to be replaced before its expiration date.
5. Please provide the program with the appropriate administration measurement tool for the medication. Please check the dosing information on the Medication Consent Form against the measuring tool included in the package to ensure that the tool measures what the medical provider ordered. For example, if the medical provider indicated milliliters, ounces or teaspoons on the Medication Consent Form, you must provide the corresponding measurement tool to administer milliliters, ounces, or teaspoons as indicated.

**** If any form of medication is incorrect/incomplete, Harmony UPK cannot accept the medication and your child's start date may be delayed. ****

Complete and return the above referenced paperwork to Harmony UPK at your earliest convenience.

Your child will not be able to attend Harmony UPK without the necessary paperwork.