

Dear Parent,

I feel it is important to review the necessary precautions to care for your child with a severe allergy/anaphylactic reaction. This information is necessary so that your child maintains an optimal level of health as well as achieving maximum academic performance.

First of all, please make sure you complete the enclosed forms and return it to your school \_\_\_\_\_ who will forward them to me as soon as possible. This will serve as a guide for school personnel in the daily care of your child, **so it is very important everything is complete.**

Secondly, if your child requires any medication at school including Epi-Pen or Benadryl we require:

1. **Administration of Medication form** signed by physician and parent for Epi-Pen.
2. If your child will require over the counter medications (including Benadryl), these must be provided in original container by parent/guardian .
3. **Health Care Plan** completed and returned to school.
4. **Special Dietary Needs form** signed by physician for food allergies must be completed.

Finally, I encourage you to maintain regular contact with your child's teacher. No one knows your child as well as you do and if you perceive changes in your child's study habits or health condition please discuss the matter with the teacher and/or school nurse so that the student's overall status is not adversely affected.

If you have any additional questions or concerns feel free to contact me at 326-\_\_\_\_\_. You may also refer to Harrison County Policy Guide or the county website [www.harcoboe.com](http://www.harcoboe.com).

Sincerely,

School Nurse

**\*If your child no longer requires a Health Care Plan please sign below and return to school secretary.**

My child \_\_\_\_\_ does not require medication or a care plan for the \_\_\_\_\_ school year. Please attach a note from physician stating your child no longer requires emergency treatment for severe allergy.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_