

**SAMPLE LETTER TO PARENTS OF
ANAPHYLACTIC CHILDREN**

School Letterhead

Date:

Dear Parent/guardian of Anaphylactic Child:

In reference to our discussion of your child's anaphylactic condition, we need you to provide the school with the following:

1. An Authorization and Request for Administration of Prescribed Medication/Medical Procedures Form developed in conjunction with and signed by your family physician. (Form 314-A1)
2. An Authorization and Request Form for the Administration of Prescribed Medication (Form 314-A2) and the Administration of Medication and/or Medical Procedures to Students Form (Form 314-B1) both signed by you.
3. Three small pictures of _____. These will be displayed on your child's Emergency Medical Alert Form, in the classroom and in the staff room and in the school office area. This will help staff members to recognize your son/daughter in the event of any first aid needing to be provided.
4. An up-to-date supply of Prescribed Medication, clearly labelled. It is your responsibility to replace the medication prior to shelf life expiry date. Back up medication, including extra EpiPens® may be required in relation to _____ individual treatment plan.

Your attention to the above provisions is appreciated.

Sincerely,

Principal