



SEVERE ALLERGY PARENT LETTER FOR PLANNING

Dear Parent,

Our records indicate that your child _____ has a potentially severe allergy that may require treatment at school. Attached to this letter are the forms, listed below, that will give us the necessary information and authorization to treat your child in an emergency.

1. Food Allergy Emergency Care Plan – This form should be on file for every student with a severe allergy. It must be updated and signed by the doctor every school year. If using a form other than a NYOS Emergency Care Plan, please contact your school receptionist for information regarding further consent that may be needed in order to care for your child.
2. Authorization to Dispense Medication at School – Each medication sent to school requires a separate form.
3. Statement regarding Meal Substitution or Modifications - Please contact your school receptionist for a required form if requesting a substitution/modification.

Your child's supplies should include: EpiPen® with prescription label on it and antihistamine (such as Benadryl), if your child's plan calls for it. Please be alert to the expiration dates on these medications.

If we do not have these forms and supplies on hand and your child has a serious reaction, we may need to call 911 to assure your child's safety. Unfortunately, the cost is billed to the parent.

It is important for your child's safety that we have the proper authorizations and supplies on hand in order to respond in an emergency.

All forms necessary for proper care while your child is at school can be found on our website at: www.nyos.org -> Parents/Students drop down menu -> School Health -> Food Allergy Management.

Please call me to determine a time we can meet to discuss the plans that have been developed by you and your health care provider.

We appreciate your help in our effort to provide the best care for your child.

Thank you,

NYOS School Receptionist