

[Physician Name/Clinic Name]  
[Address]  
[Phone Number]  
[Date]

To: [School Name/School Administration]

**RE: Medical Clearance and Peanut Allergy Accommodations for [Student Name]**

To Whom It May Concern,

This letter is to confirm that [Student Name], Date of Birth: [DOB], is under my medical care for the management of a severe, life-threatening allergy to peanuts. The student is medically cleared to return to school provided that the following accommodations are implemented to ensure their safety:

- **Allergy Action Plan:** The attached Emergency Action Plan must be kept on file and followed in the event of accidental exposure.
- **Epinephrine:** The student must have immediate access to two (2) Epinephrine auto-injectors at all times (e.g., in the classroom, health office, or carried by the student if approved).
- **Peanut-Free Environment:** The student should sit at a designated peanut-free table during lunch and snack times. The classroom should remain a peanut-free zone.
- **Hand Washing:** The student and peers should be encouraged to wash hands with soap and water after eating to prevent cross-contamination.
- **No Food Sharing:** Strict "no sharing" policies regarding food, drinks, or utensils must be enforced for this student.
- **Staff Training:** All teachers and staff interacting with the student must be trained to recognize the signs of anaphylaxis and know how to administer an Epinephrine auto-injector.

If you have any questions regarding these medical requirements, please contact my office at [Phone Number].

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]  
[License Number]