

**Date:** [Insert Date]

**To:** School Administration and Health Services

**School Name:** [Insert School Name]

**Re:** [Student Name]

**Date of Birth:** [Insert DOB]

To whom it may concern,

The above-named patient is under my care for a **severe, life-threatening allergy to dairy (cow's milk protein)**. Exposure to even trace amounts of dairy may result in anaphylaxis. To ensure the safety of this student, the following accommodations are medically necessary for the upcoming school year:

- **Emergency Medication:** The student must have immediate access to an Epinephrine Auto-Injector (e.g., EpiPen) and liquid antihistamine at all times. Staff must be trained on how to recognize symptoms of anaphylaxis and administer these medications.
- **Strict Avoidance:** The student must not be given any food products containing milk, butter, cheese, yogurt, whey, or casein. This includes items where dairy is a "hidden" ingredient or processed on shared equipment.
- **Mealtime Safety:** A "Dairy-Free" zone or designated seating at lunch is requested to prevent cross-contamination. The student should not share food, utensils, or containers with peers.
- **Hand Washing:** All students in the classroom should wash their hands after eating to prevent the transfer of dairy proteins to shared surfaces, toys, or school supplies.
- **Classroom Activities:** All classroom treats, crafts (e.g., milk cartons), or science experiments must be vetted for dairy content. The parent/guardian should be notified in advance of any events involving food.

An updated **Allergy & Anaphylaxis Emergency Plan** is attached to this letter. Please contact our office if you have any questions regarding this patient's medical requirements.

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]

[Clinic Name]

[Phone Number]