

**Date:** [Insert Date]

**To:** [Insert School Name] School Administration and Health Services

**Re:** Medical Requirements for [Student Name]

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

To Whom It May Concern,

The above-named student is under my care for the management of multiple severe food allergies. These allergies are life-threatening and may result in anaphylaxis. The student is cleared to return to school provided the following accommodations and protocols are strictly implemented:

**Identified Allergens:**

[List Allergens, e.g., Peanuts, Tree Nuts, Dairy, Eggs, Wheat]

**Emergency Medication:**

The student must have immediate access to [Insert Medication, e.g., Epinephrine Auto-Injector (EpiPen)] at all times. A backup dose should be kept in the school clinic. Staff must be trained on how to recognize symptoms and administer this medication.

**Classroom Accommodations:**

- The classroom should be designated as an "Allergen-Aware" zone.
- Handwashing with soap and water is required for all students after eating.
- No shared food or "communal snacks" should be permitted in the classroom.
- Non-food items must be used for rewards, celebrations, and curriculum activities.

**Cafeteria Accommodations:**

- The student requires seating at a designated "Allergy-Safe" table.
- The table must be cleaned with approved sanitizing agents before the student sits down.
- Supervision is required to ensure no food sharing or cross-contamination occurs.

**Field Trips and Extracurriculars:**

- A trained staff member must accompany the student on all off-campus trips.
- Emergency medications must travel with the student at all times.

Please find the attached Food Allergy & Anaphylaxis Emergency Care Plan for specific treatment protocols. If there are any questions regarding these medical requirements, please contact my office.

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]

[Clinic/Hospital Name]

[Phone Number]  
[Fax Number]