[Parent/Guardian Name]
[Phone Number]
[Email Address]

[Date]

To: [Principal Name] / [School Nurse Name]
[School Name]
[School Address]

Re: Return to school for [Student Name] - [Grade/Grade Level]

Dear [School Staff Name],

This letter is to inform you that [Student Name] has been cleared by a medical professional to return to school on [Date] following a recovery from a severe allergic reaction (anaphylaxis) that occurred on [Date of Incident].

Please note the following updates regarding [Student Name]'s health and safety:

- **Medical Clearance:** The student is no longer experiencing symptoms and is fit to participate in regular school activities.
- **Emergency Medication:** We have provided the school office/nurse with a new or replenished supply of [Name of Medication, e.g., EpiPen] to replace any used during the incident.
- **Allergy Action Plan:** Attached is an updated Allergy Action Plan signed by our physician (if changes were made).
- **Activity Restrictions:** [Mention any temporary restrictions, e.g., "No physical education for two days" or "None"].

We request that the school staff and classroom teachers remain vigilant regarding [Student Name]'s triggers, which include: [List Specific Allergens].

If you have any questions or need further documentation, please contact me at [Phone Number]. Thank you for your support in ensuring a safe environment for my child.

Sincerely,

[Parent/Guardian Signature]
[Printed Name]