Date: [Date]

To: School Administration / School Nurse / Classroom Teacher
School Name: [School Name]
Re: [Student Name] - Reentry after Anaphylactic Event

Dear School Health Team,

This letter is to formally notify you that [Student Name] (DOB: [Date of Birth]) is cleared to return to school on [Return Date] following a recent severe allergic reaction (anaphylaxis).

Incident Summary:
The reaction was triggered by [Known Allergen, e.g., Peanuts/Bee Sting] on [Date of Incident]. The student received emergency treatment and has been monitored for any biphasic reactions. They are now medically stable.

Required Accommodations & Safety Protocol:

- **Medication:** The student must have immediate access to two (2) Epinephrine Auto-Injectors at all times. These are located [In the Office / In the Student's Backpack].
- **Emergency Action Plan:** Please review the attached updated Allergy and Anaphylaxis Emergency Action Plan.
- **Avoidance:** Strict avoidance of [Allergen] is mandatory. Please ensure the classroom and cafeteria staff are alerted to prevent cross-contamination.
- **Physical Activity:** [Student Name] may participate in [Full Activities / Limited Activities as specified: _____].

Signs to Watch For:
Should the student display any signs of hives, swelling, difficulty breathing, or gastrointestinal distress, please follow the Emergency Action Plan and administer Epinephrine immediately before calling 911.

Please contact my office at [Phone Number] if you have any questions regarding [Student Name]'s care or transition back to the classroom.

Sincerely,

[Physician Signature]
[Physician Name, MD/DO/NP]
[Clinic/Hospital Name]
[Contact Information]