Date: [Date]

To: [School Name / School Nurse]
From: [Clinic Name / Doctor Name]
Re: Return to School Following Allergic Reaction

Student Name: [Student Name]
Date of Birth: [DOB]

Dear School Administration,

The above-named student was treated at our facility on [Date] for a severe allergic reaction (anaphylaxis) caused by [Known Allergen, e.g., peanuts, bee sting].

The student is now medically stable and is cleared to return to school on [Return Date].

Please note the following instructions for the student's safety:

- The student must have immediate access to an Epinephrine Auto-Injector (e.g., EpiPen) at all times.
- A current Allergy Action Plan is [attached/on file].
- The student should avoid all contact with [Allergen].
- Staff should monitor for symptoms such as hives, swelling, or difficulty breathing.

If you have any questions regarding this student's care or emergency protocols, please contact our office at [Phone Number].

Sincerely,

[Doctor Signature]
[Doctor Name, Title]
[Clinic Name]