Date: [Insert Date]

To: [Insert School Name] Administration / School Nurse

Subject: Medical Clearance for School Attendance - [Student Name]

To whom it may concern,

This letter is to certify that [Student Name], Date of Birth: [DOB], has been evaluated following a recent anaphylactic episode that occurred on [Date of Incident].

The student has received the necessary medical treatment and has been monitored for any biphasic reactions. At this time, [Student Name] is medically stable and is cleared to return to school and all regular school activities effective [Return Date].

Updated Medical Instructions:

- The student's Allergy Action Plan dated [Date] remains in effect.
- The student must have immediate access to their Epinephrine Auto-Injector (EpiPen) at all times.
- [Insert any specific restrictions or new medications here, or write "None"].

If you have any questions or require further documentation regarding the student's condition, please contact my office at [Phone Number].

Sincerely,

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