Date: [Insert Date]

To: [School Name / School Nurse / Administration]

Subject: Medical Clearance for [Student Full Name]

To Whom It May Concern,

This letter is to certify that [Student Name], date of birth [DOB], has been under my care following a severe allergic reaction (anaphylaxis) that occurred on [Date of Reaction].

The student has been medically evaluated and is now stable. It is my professional opinion that [Student Name] is medically cleared to return to school and participate in all regular school activities, including physical education and recess, effective [Return Date].

Required Accommodations and Safety Measures:

- The student must have immediate access to an Epinephrine Auto-Injector (e.g., EpiPen) at all times.
- School staff should be aware of the specific allergen: [Insert Allergen, e.g., Peanuts].
- Please refer to the attached Allergy Action Plan for emergency protocols.

If you have any questions or require further documentation, please contact my office at [Phone Number].

Sincerely,

[Physician Signature]
[Physician Name, MD/DO]
[Clinic/Hospital Name]
[Medical License Number]