

Date: [Insert Date]

To: [School Name] Administration / School Nurse

Subject: Medical Clearance for Return to School

Dear School Administration,

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 Incident].

The student has recovered and is medically cleared to return to school and all regular school activities effective **[Return Date]**.

Updated Medical Instructions:

- The student's Allergy Action Plan has been [updated / reviewed].
- The student must have immediate access to their Epinephrine Auto-Injector (EpiPen) at all times.
- Specific triggers to avoid: [List Allergens, e.g., Peanuts, Dairy, Bee Stings].
- [Insert any other specific restrictions or medication requirements here].

Please ensure that all relevant staff and teachers are notified of the student's status and that emergency protocols are in place.

If you have any questions regarding this student's medical condition or treatment plan, please contact my office at [Phone Number].

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]

[Medical Practice/Clinic Name]

[Phone Number]