Date: [Insert Date]

To: [Insert School/Organization Name]

Attn: [Insert Name/Health Office]

RE: Medical Clearance and Allergy Action Plan for: [Patient Name]
Date of Birth: [Patient Date of Birth]

To Whom It May Concern,

This letter serves as medical clearance for the above-named patient to participate in all school and extracurricular activities. The patient has been diagnosed with the following severe allergies:

- [Insert Allergen, e.g., Peanuts]
- [Insert Allergen, e.g., Bee Stings]

Attached to this letter is a formal Allergy Action Plan. This document outlines the necessary steps for emergency treatment, including the administration of [Insert Medication, e.g., Epinephrine/EpiPen] and [Insert Antihistamine, e.g., Benadryl] in the event of accidental exposure or anaphylaxis.

I have certified that:

- The patient is medically cleared for physical activity and attendance.
- The Allergy Action Plan is current and should be followed by trained staff.
- [Optional] The patient has been trained and is cleared to self-carry their emergency medication.

If you have any questions or require further clarification regarding this patient's medical status or treatment plan, please contact my office at [Insert Phone Number].

Sincerely,

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