Date: [Insert Date]

To: [Insert Camp Name] Medical Staff/Director

RE: Medical Clearance for [Patient Name] (DOB: [Date of Birth])

To Whom It May Concern,

This letter serves as medical clearance for [Patient Name] to participate in all activities at [Insert Camp Name] for the [Year] summer season.

Diagnosis:
The patient has been diagnosed with a severe allergy to: [Insert Allergen, e.g., Peanuts, Bees]. This allergy is life-threatening and places the patient at risk for anaphylaxis.

Medication Requirements:
The patient is required to have immediate access to the following emergency medications at all times:

- Epinephrine Auto-Injector ([Brand/Dose]): [Number] units
- Antihistamine ([Brand/Dose]): [Instructions]
- Other: [Insert if applicable]

Management Plan:
The patient is trained to [self-administer / assist in administration] of their auto-injector. In the event of exposure or suspected reaction, staff must follow the attached Anaphylaxis Action Plan immediately. Please ensure all camp counselors and kitchen staff are aware of this allergy.

Restrictions:
[Insert specific restrictions, e.g., "Must sit at a nut-free table" or "No restrictions if medication is present"].

If you have any questions regarding this patient's care, please contact my office at [Phone Number].

Sincerely,

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