



Dear _____,

The forms that you submitted for _____ indicate that s/he has a food allergy. We would appreciate the following:

1. A detailed description of the foods to which your child is allergic and symptoms of a reaction. You may use the attached Food Allergy Action Plan.
2. A signed letter from your doctor with instruction to follow in the event that _____ experiences an allergic reaction. Please use the attached Waiver for the Distribution/Administration of Medication Form.
3. An epinephrine kit, if prescribed (i.e., EpiPen, EpiPen Jr, or Twinject), or other medication to be used if an allergic reaction occurs.

All medications must be in the original container, and must be clearly labeled with your child's name.

Please note that your child's medical needs will be posted in the classroom, so that all teachers and volunteers will be aware of those needs.

Your speedy attention to this matter is appreciated. We would welcome an opportunity to meet with you to discuss how we can implement a formal personalized health management plan.

I understand and agree to the above and agree that Little Ones Nursery School, Inc. and its employees will not be held liable in so far as they administer medical care in conformance with the information provided on my medication consent form and food allergy action plan. I understand that the school and its employees will use reasonable care in doing so.

Child's Name

Parent's Name

Parent's Signature

Date