



Dear Parent/Guardian:

According to health information you have provided to our school, your child has an allergy that requires an EPI PEN and an Allergy Action Plan from your child's Primary Care Physician or Allergist. To ensure the health and safety of children with allergies that require the administration of an EPI PEN in an emergency situation, we must have:

- Allergy Action Plan /Medication Order: To be filled out by your child's Primary Care Physician or Allergist
- Parental Consent: To be filled out by the parent/guardian
- 2 EPI PENS
- Antihistamine (if ordered by your child's Health Care Provider) in the original container

Please contact the school nurse's office to arrange a time to review the Allergy Action Plan with the school nurse once completed.

Thank you for your cooperation and attention to this important matter; this will ensure updated and accurate information is on file for your child. Please return all completed paperwork to the school prior to the first day of classes.

Sincerely,

Alice M Shea RN

Kathy Roy RN

School Nurses

Main Number: (978) 535-7100

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