



Teacher Letter

Date \_\_\_\_\_

Dear \_\_\_\_\_

\_\_\_\_\_ School District

\_\_\_\_\_ School Name

\_\_\_\_\_ Closest Hospital Phone #

My child \_\_\_\_\_, has serious life-threatening allergies to

\_\_\_\_\_.

Life threatening reactions may include

\_\_\_\_\_

\_\_\_\_\_.

Please help keep my child safe during school by eliminating these allergic triggers from any classroom, lunchroom, playground or bus.

If a reaction requires emergency treatments, he/she

\_\_\_\_\_ carries emergency medicine in their backpack and can administer his/her medicine.

\_\_\_\_\_ keeps their medicine in the school nurse's office.

Instructions for medicines \_\_\_\_\_

If they can not breathe **call 911** immediately.

Our phone numbers in case of emergency are.

Parent's Name \_\_\_\_\_

Home # \_\_\_\_\_

Cell # \_\_\_\_\_

Alternative Cell \_\_\_\_\_

