



Dear Parent,

In the event that it has been determined that your child has an allergy that may result in an anaphylactic reaction kindly complete, sign, date and return the following items ASAP:

1. Food Allergy Action Plan- must be completed and signed by Physician. Your signature is also required at the bottom of the form.
2. Consent to Administer Epi form
3. Consent to administer Medication form (ie- antihistamine/Benadryl)
4. Allergy Alert form
5. Benadryl or other medication labeled with student's name. Please purchase the 4oz size.
6. Epinephrine auto injector pens **2-Pak** in original box from pharmacy with Prescription label attached (2 pens are required for the center)

Your prompt attention is appreciated.

Thank you,

Shirley Bush, RN, CSN

973-655-4357