

*Davis Thayer Elementary School
137 West Central Street
Franklin, MA 02038
508-541-5263
Fax-508-553-0891*

*Kathryn Wilson
School Principal*

*Patricia Elias, RN, NCSN
School Nurse*

Date: _____

Dear Parent/Guardian of _____:

Enclosed is an Allergy Action Plan for your child's doctor to complete. Per Massachusetts General Law, all students requiring medication during the school day must have a physician's order accompanying their medication. The MA Department of Public Health states that teachers and staff may be trained to give an Epi Pen to students who are diagnosed with a life threatening allergy **and** who have their own Epi Pen. **They are not allowed to use a stock Epi Pen.** Therefore, it is required that your child have their own Epi Pen for use at school.

Please have your physician complete this form for the _____ school year. Return it with your child's Epi Pen to the health office at the start of the school year.

***This order must be written on or after July 1st in order to be used for the current academic year.**

Please feel free to call me at 508-541-5288 x-3 if you have any questions.

Sincerely,

Patty Elias, RN
School Nurse

*** Please remember to pick up your child's medication at the end of the school year. Epi Pens cannot be stored in the health office over the summer.**

