

*John F. Kennedy School
551 Pond Street
Franklin, MA 02038
(508) 541-5260
Fax: (508) 553-0892*

*Joan Toye,
Principal*

*Joanne W. Kelcourse, RN, CSN,
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 508-541-5261 x-2042 if you have any questions.

Sincerely,

Joanne W. Kelcourse, RN, NCSN
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.**