

*Helen Keller Elementary School
500 Lincoln Street
Franklin, MA 02038
Tel. 508-553-0322 Fax 508-541-2109*

*Julie Vincentsen
Principal*

*Marguerite Almanas, RN
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 _____ if you have any questions.

Sincerely,

School Nurse

