

*Gerald M. Parmenter School  
235 Wachusett Street  
Franklin, MA 02038*

*Telephone: (508) 541-5281  
553-0894*

*Fax: (508)*

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 Massachusetts 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 1<sup>st</sup> in order to be used for the current academic year.**

Please feel free to call me at 508-541-5280, Ext 2242 if you have any questions.

Sincerely,

Susan King, 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.**