

**PLYMOUTH JOINT SCHOOL DISTRICT
HEALTH OFFICE**



Anne Nelson, RN, BSN
Early Childhood – 5th Grade
annelson@plymouth.k12.wi.us
892-2661, Ext. 4520 or 2105

Sara Stout, RN, BSN
6th Grade – 12th Grade
sstout@plymouth.k12.wi.us
892-2661, Ext. 1100 or 2105

District Nurses

Dear Parent /Guardian,

If your child has a severe allergy (an allergy that may cause an anaphylactic reaction or medical emergency), the following paperwork is necessary to help the school staff properly accommodate and care for your child:

1. **Severe Allergy Health Action Plan** – This plan will help us determine how you want us to manage your child’s allergy symptoms or exposure and ensure proper action by school personnel in the case of a severe allergic reaction. This plan will be used at all times and accompany your child off school grounds. If you would like your child to have medication at school, please indicate so on the Severe Allergy Health Action Plan and Medication Authorization Form.
2. **Medication Authorization Form** – Complete a Medication Authorization Form for each medication to be carried or used at school.
 - If your child needs over-the-counter medication (such as Benadryl) while at school, parent authorization is all that is required. Complete and sign the top portion of our Medication Authorization form and bring this and the medication to your school office.
 - If your child needs prescription medication (such as an EpiPen) at school, please complete and sign the top and have your health care provider complete and sign the bottom portion of the form. If your child will carry their own EpiPen, it is ideal to provide 2 pens so a spare can be left in the health room or school office. The pen will be labeled with your child’s name and kept secure.

This paperwork must be completed each school year prior to the first day of school in September. Once complete, please return these forms while dropping off any medication to your school office or fax to the numbers below. It is important that you notify us and your child’s healthcare provider if there are any changes during the school year so that we can revise your child’s Health Action Plan. Please feel free to call us if you would like to discuss your child’s condition or need help completing these forms.

Thank you for your time.

Sincerely,

Anne Nelson, RN

Sara Stout, RN

Fairview Elementary 300 Salem Drive Plymouth, WI 53073 Fax: 892-5071	Horizon Elementary 411 S. Highland Ave. Plymouth, WI 53073 Fax: 892-5073	Parkview Elementary 500 Parkview Drive Plymouth, WI 53073 Fax: 892-5077	Riverview Middle School 300 Riverside Circle Plymouth, WI 53073 Fax: 892-5072	Plymouth High School 125 Highland Avenue Plymouth, WI 53073 Fax: 892-5070
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