

**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



**District Nurses**

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

Date: \_\_\_\_\_

Dear Parent/Guardian of \_\_\_\_\_;

According to our records, your child has a food allergy. If this information is incorrect or this allergy is no longer present, please let us know.

The following forms are needed to help school staff assist with the management of your child's allergy:

1. **Food 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 or epinephrine (such as an EpiPen) at school, please indicate so on the Food 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 only over-the-counter medication while at school, such as an antihistamine, 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 epinephrine, 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 epinephrine, 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.

Once completed, please return these forms while dropping off any medication to your school office. You may also mail or fax these forms to your school. It is important that you notify your school nurse and your child's healthcare provider if there are any changes during the school year so that we can revise your child's emergency plan. Please feel free to call us if you would like to discuss your child's condition or need help completing this form. Thank you for your time.

Sincerely,

Anne Nelson, RN

Sara Stout, RN

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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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