## Midland School Rochelle Park, New Jersey 07662

June, 2022

Dear Parent/Guardian,

PLEASE DO NOT IGNORE THIS LETTER. IT CONTAINS IMPORTANT INFORMATION REGARDING THE CARE OF YOUR CHILD'S ALLERGIES WHILE HE OR SHE IS AT SCHOOL. THESE FORMS WILL NEED TO BE COMPLETED PRIOR TO THE RETURN TO SCHOOL IN SEPTEMBER.

Enclosed is the **Allergy/Anaphylaxis Packet**. In it you will find the:

## 1. Allergy Assessment Form

This form gives me background information concerning your child's allergy and helps me to formulate your child's individual health care plan. If you have filled out one in the past, it is included in this packet. All you need to do is review it, make any changes if needed (changes in condition/management or changes in emergency information), initial and date it at the bottom, and return it with the other forms. If you are receiving a blank assessment form, please complete the form and return it with the other forms.

## 2. Allergic Reaction/Food Allergy Emergency Action Plan

Please be sure to read and complete <u>both sides of the form</u>. This should be filled out and signed by you and the doctor.

## 3. Parent Letter and Protocol

This is notification regarding administration of epinephrine via a pre-filled single dose auto-injector during the school year. This form does not need to be returned back to school.

- 4. Physician's Orders for Allergic Reaction Treatment-front side of form
- 5. Parental Consent for Allergic Reaction Treatment-back side of form

During the summer break, please have your child's physician review and sign the appropriate forms and return them, and the prescribed medications to school on the first day back, so that we are prepared in case of an emergency.

I will be retiring at the end of this school year. If you have any questions or concerns over the summer please email them to: nurse@rochellepark.org.

You can also email the completed medical forms to this email address.

Have a wonderful summer break and stay safe and well.

Healthy Regards,

Sheryl K. Meyers RN, ND, CSN

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