



SEVERE ALLERGIC REACTIONS FORM

Health Services
Mat-Su Borough School District
501 N. Gulkana
Palmer, AK 99645
P: (907) 746-9200

Date:

Dear Parent/Guardian of:

It has been noted that your child has a history of a severe allergic reaction. We are requesting that you and your Health Care Provider complete an Allergy/Anaphylaxis Action Plan (Health Form 102A&B attached) and provide appropriate allergy medication to have available for your child at school. This will allow for prompt and most effective life-saving response for your child while at school should he/she develop a severe allergic reaction.

The Allergy/Anaphylaxis Action Plan is required to be renewed at the beginning of each school year. Please bring both the completed action plan form and the appropriate medications to school as soon as possible.

If you have any questions, please contact me at the number listed below.

Sincerely,

School Nurse

Telephone Number