

[Your Name]  
[Your Address]  
[City, State, ZIP Code]  
[Email Address]  
[Phone Number]  
[Date]

[Childcare Provider's Name]  
[Childcare Provider's Address]  
[City, State, ZIP Code]

Dear [Childcare Provider's Name],

I am writing to authorize the use of an EpiPen for my child, [Child's Full Name], who is enrolled in your childcare program. [Child's Full Name] has a documented allergy to [specific allergens] and may require immediate administration of an epinephrine auto-injector in the event of an allergic reaction.

I provide consent for the staff at [Childcare Provider's Name] to administer the EpiPen as necessary and as directed in the event of a severe allergic reaction. I have ensured that the EpiPen is kept at the facility and that the staff has been trained in its use.

Please feel free to contact me at [your phone number] or [your email address] if you have any questions or need further information.

Thank you for your attention to this important matter.

Sincerely,

[Your Name]  
[Your Relationship to the Child]