

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Recipient Name]
[Recipient Title]
[Recipient Organization]
[Recipient Address]
[City, State, Zip Code]

Dear [Recipient Name],

I am writing this letter to formally acknowledge my medical need for an EpiPen due to my severe allergy to [specific allergen]. As a part of my treatment plan, I carry an EpiPen with me at all times to manage any potential allergic reactions.

I will be traveling on [travel dates] to [destination], and I want to ensure compliance with all necessary regulations and guidelines regarding the transport of my EpiPen during this journey. Please allow me to provide you with any required documentation or to answer any questions you may have regarding my condition or the necessity of carrying my EpiPen.

Thank you for your understanding and support regarding this matter. I appreciate your attention to my health needs during my travels.

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Printed Name]
[Your Medical Provider's Name]
[Your Medical Provider's Contact Information]