

[Your School's Letterhead]

[Date]

[Recipient's Name]

[Recipient's Position]

[School Name]

[School Address]

[City, State, Zip Code]

Dear [Recipient's Name],

Subject: Epinephrine Auto-Injector (EpiPen) Policy

As part of our commitment to ensure the safety and well-being of all students, [School Name] has established a policy regarding the management of students with severe allergic reactions that may require the use of epinephrine auto-injectors (EpiPens).

1. ****Administration of EpiPens****: Trained staff members will be designated to administer EpiPens to students experiencing anaphylactic reactions. Training will be conducted annually, and staff will be informed of the locations of EpiPens on campus.

2. ****Emergency Action Plan****: In the event of an allergic reaction, the designated staff member will follow the established emergency action plan, which includes immediate administration of the EpiPen and calling emergency services.

3. ****Storage of EpiPens****: EpiPens will be stored in a secure yet accessible location in the school. Parents are encouraged to provide at least two EpiPens for their child, one to be kept in the classroom and one in the designated nurse's office.

4. ****Parent Responsibilities****: We request that all parents inform the school of any diagnosed allergies and provide the necessary medications, along with completed health forms.

5. ****Communication****: The school will notify all staff members and relevant personnel about any student with known allergies and the proper procedures to follow in case of an emergency.

We appreciate your cooperation in keeping our students safe. If you have any questions or require further information regarding our EpiPen policy, please do not hesitate to contact [School Nurse's Name] at [Nurse's Phone Number] or [Nurse's Email].

Thank you for your attention to this important matter.

Sincerely,

[Your Name]

[Your Position]

[School Name]

[Contact Information]