

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

Dear [Recipient's Name],

Subject: EpiPen Requirement Notification

I am writing to inform you about the medical necessity for my child, [Child's Name], who will be attending [School/Organization Name] during the [school year/session]. Due to [specific allergy or condition], it is critical that [he/she/they] have access to an EpiPen at all times.

In accordance with [state/organization policy], I request that an EpiPen be supplied at the school/organization premises to ensure [Child's Name]'s safety in case of an allergic reaction. I am also willing to provide a prescription and any necessary documentation to comply with your requirements.

Please let me know the steps we need to follow to facilitate this process. Thank you for your attention and support regarding this important matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Your Relationship to the Child]