

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

Dear [Recipient's Name],

I, [Your Full Name], am the parent/guardian of [Child's Full Name], who is a student at [School/Organization Name]. I am writing to give my consent for the use of an EpiPen for my child in case of a severe allergic reaction.

My child has a known allergy to [specific allergens] and carries an EpiPen for emergencies. I authorize [designated staff member's name or "any staff member"] to administer the EpiPen if my child exhibits signs of anaphylaxis, such as difficulty breathing, swelling, or hives. Please ensure that this letter is placed in my child's emergency file and that appropriate staff members are aware of this consent. I understand the importance of following proper procedures in case of an allergic reaction and appreciate your attention to this matter.

If you have any questions, please feel free to contact me at [your phone number] or [your email address].

Thank you for your cooperation.

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Printed Name]
[Your Relationship to the Child]