



13461 Ramona Avenue • Chino, CA 91710 • 909.628.1201 • www.chino.k12.ca.us
Student Achievement • Safe Schools • Positive School Climate • Humility • Civility • Service

Date: _____

Dear Parent(s)/Guardian(s) of _____:

Enclosed are the required forms for your student's Specialized Physical Health Care procedure for Food Allergies.

Please complete and sign the enclosed:

- **Parent section of the *Parent/Physician Request for the Administration of Medication***
- **Parent section of the *Allergy Action Plan*.**
- **Food Allergy History**

Please ask your physician to complete and sign the enclosed:

- **Physician section of the *Parent/Physician Request for the Administration of Medication***
- ***Allergy Action Plan* (All Sections Except Step 3)**
- ***Medical Statement to Request Special Meals and/or Accommodations (optional)***

Physician to include any information that he/she deems necessary for the school to have in order to treat your student at school and/or ensure his/her safety at school. If you and your physician want your student to carry his/her EpiPen, be sure you and the physician sign the section that states "This student is trained to use emergency Epinephrine & student may self-administer on campus."

Please return the entire packet & medication to your school's Health Office during **the week before the first day of school**, which is _____. This will allow enough time for me to review the forms and plan for his/her procedure, or to contact your physician if more information is needed. Please call me if you have any questions or concerns at _____. Thank you for your assistance.

Sincerely,

_____ RN

School Nurse