



Chester Community Charter School

Your Child's Life-Threatening Allergy

Diagnosed by Health Care Provider

Date _____

Grade _____ Bldg. _____

Teacher _____

Dear Parent/Guardian of: _____.

Your child's medical forms identify a life-threatening food allergy or a life-threatening non-food life allergy to:

The following forms are needed every school year to ensure your child's safety.

1. **FARE Form**- This is the prescription form for your child's EpiPen. The doctor completes the form and the parent signs the form at the bottom.
2. **Medical Plan of Care for Food Service Form**-This form is needed for the school to make the necessary dietary changes your child needs. The doctor signs this form on the back and the parent signs the form on the back a well. _
3. **The Emergency Health Care Plan for Allergies Form.** This form is to be completed by the parent every school year.

If you would like to schedule a meeting to discuss your child's plan in further detail, please feel free to contact the building nurse. We appreciate you taking an active role in having your child's safety a priority while attending Chester Community Charter School.

Best Regards,

Health Services