

# Allergy Management Plan

Date: [Insert Date]

To Whom It May Concern,

This letter serves to inform you of the revised allergy management plan for [Child's Name], who has been diagnosed with [specific allergies]. It is essential that this plan is followed to ensure their safety and wellbeing.

## Allergy Information

- **Allergen:** [Specific Allergen]
- **Reaction:** [Describe reaction]
- **Severity:** [Mild/Moderate/Severe]

## Emergency Action Plan

1. Immediately remove the child from the allergen.
2. Administer [medication, e.g., antihistamine or EpiPen] as per prescription.
3. Contact emergency services if symptoms do not improve.
4. Notify parents/guardians immediately.

## Prevention Measures

To minimize the risk of exposure, please adhere to the following guidelines:

- No sharing of food items.
- Label all food items brought to school.
- Educate classmates about allergies and avoidance strategies.

If you have any questions or require further information, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your cooperation.

Sincerely,

[Your Name]

[Your Position/Title]

[School/Organization Name]