

Allergy Management Advice

Date: _____

To Whom It May Concern,

We are writing to provide important information regarding the allergy management for our athlete, [Athlete's Name], who participates in [Sport/Team Name].

1. Allergies

[Allergen 1]: Description of the allergy and potential reaction.

[Allergen 2]: Description of the allergy and potential reaction.

2. Management Plan

Please ensure the following measures are taken to manage these allergies:

- Avoid exposure to allergens during practices and games.
- Provide access to emergency medications, such as an epinephrine auto-injector, at all times.
- Educate team members about the allergies to promote awareness and safety.
- Keep emergency contact information on hand at all events.

3. Emergency Procedures

In the event of an allergic reaction, please follow these procedures:

1. Administer emergency medication immediately.
2. Call 911 and notify the parent/guardian.
3. Provide necessary first aid until help arrives.

Thank you for your attention to this important matter. Your cooperation is crucial in ensuring the safety and well-being of our athlete.

Sincerely,

[Your Name]

[Your Position]

[Team/Organization Name]

[Contact Information]