

Allergy Management Advice

Date: _____

To Whom It May Concern,

I am writing to provide important allergy management information for my child, **[Child's Name]**, who will be attending your summer camp.

Allergy Information

- **Allergen:** [Type of Allergen, e.g., peanuts, tree nuts, dairy]
- **Symptoms:** [Describe symptoms that may occur if exposed]
- **Emergency Medication:** [List medications, e.g., EpiPen, antihistamines]

Management Plan

1. Ensure that [Child's Name] avoids all food items containing the allergens listed above.
2. Educate staff and campers about [Child's Name]'s allergies.
3. Identify a designated area for [Child's Name] to eat if snacks are provided.
4. Have emergency medication readily accessible, and ensure staff knows how to use it.

Contact Information

If you have any questions or concerns, please feel free to contact me at:

Phone: [Your Phone Number]

Email: [Your Email Address]

Thank you for your attention to this important matter. I appreciate your support in keeping my child safe during their time at camp.

Sincerely,

[Your Name]

[Your Address]