

Parents/Guardians Allergy Awareness Letter- Whole School

Date

Dear Parents/Guardians:

I am writing to you on behalf of our student _____ and his parent(s). _____ is a _____ year old in _____'s grade _____ class. He/She has a life-threatening reaction to _____. If _____ or even the smallest amount of this food enters his/her body (through his/her eyes, nose, mouth), he/she experiences very strong reactions. Without immediate medical treatment, he/she could die within minutes.

We are requesting your cooperation in refraining from sending to school foods which contain _____. This vigilance will also require reading the labels of prepared foods. Kindly speak to your child about the severity of this allergy.

I sincerely thank you for your assistance in making our school a safe environment for all students.

Sincerely,

Principal

Parents/ Guardians Allergy Awareness Letter – Class only

Date

Dear Parents/Guardians of Students in grade _____ :

A child in our class, _____ has extreme allergies to _____ . The allergy of this student is so severe that it could be life threatening; he/she may have a reaction if any item containing _____ enters the body through eyes, nose or mouth.

All staff have been informed of this situation, and have been instructed in the correct procedure regarding anaphylactic shock.

We are requesting your cooperation in refraining from sending any food items containing _____ to school with your child. Kindly speak to your child about the severity of this allergy. We have informed the student body of the problem, and have asked them not to share their lunches, snacks, or treats.

We are seeking your assistance in making our school a safe environment for all students.

Sincerely,

Principal