



HEALTH SERVICES
PROSPER INDEPENDENT SCHOOL DISTRICT

Dear Parent,

You are receiving this letter because you have indicated your child has a severe allergy. Enclosed are forms that are required by PISD to be completed by you and your child's physician. These forms must be completed each school year in order for the school nurse to provide student specific training to teachers and staff that interact with your child on a regular basis.

Please return the completed forms to the school nurse as soon as possible.

ALL students with known severe allergies should provide:

- Anaphylaxis Emergency Action Plan* -Physician's Signature Required, Prosper ISD form strongly preferred

*Please note that if a different form is used, the information will be transcribed to a PISD version of the plan when distributed to school staff for consistency in staff training & response.

If your child will have emergency medication at school, you should also provide:

- A Medication Request form for the prescribed epinephrine auto-injector
- A Medication Request form for the prescribed antihistamine
- A Medication Request form for the prescribed inhaler, if applicable
- The above medication(s), non-expired, and in their original container(s). Prescription medications must have the prescription label attached.

*Please note that PISD will NOT accept a student's epinephrine auto-injector without a current school year *Anaphylaxis Emergency Plan* signed by a provider.

If your child has a severe FOOD allergy that requires a food substitution in the school cafeteria, you will also need to provide:

- Special Diet Form – Physician Signature Required

Thank you,

Prosper ISD Health Services