

Allergy/Anaphylaxis Action Plan 2014-2015

Dear PREP Parent/Guardian:

Your registration form indicated that there is pertinent health information related to your child, _____ . Attached you will find a copy of the Allergy/Anaphylaxis Action Plan used by Centennial School District. If you have a plan already in place for your child's daytime school, please forward a copy for our records. Since our program runs on one night a week, a prescribed EpiPen or antihistamine medication with the original packaging and doctor's prescription may be kept with your child or stored in the Religious Education Office with your signed permission. Let us know your preference by sending in a note, along with the action plan (if applicable).

If your child is taking any other medication that directly impacts his or her time during PREP, please let us know in writing so that we can retain it for our files and send home permission information if necessary.

It is important that should an emergency arise, our staff is aware of the action plan in place for each child in the particular classroom. Please also let us know immediately if there is ever a change in the action plan for your child, or if there is a change in an emergency contact number for your child.

Please contact the Religious Education Office with any questions or concerns.

Thank you,

Mrs. Jennifer Boag

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