

Upper Moreland Township School District
2900 Terwood Road
Willow Grove, PA 19090

Dear Parent/Guardian of: _____

Any student with a diagnosis of:

- SEVERE FOOD ALLERGY, _____
- SEVERE INSECT ALLERGY _____
- ASTHMA _____
- DIABETES _____
- SEVERE ALLERGY _____ unknown trigger
- SEIZURE DISORDER _____

AND any student who may use one of the following medications while at school: **Oral antihistamines; Injectable Epinephrine; Inhalers; Nebulizer treatments, Insulin Pumps/Pens; Seizure Medication is required** to have an Action Plan on file in their students Health Record.

Action Plans require yearly updates.

In order to ensure appropriate Medical Treatment for your child, please complete the attached Action Plan; have your Health Care Provider update the Medical Information and SIGN the form, (if available, your Health Care Provider may also use their own Office Action Plan.)

Return the completed Action Plan to the School Nurse.

Thank you so much for your cooperation to this very important matter.

UMTSD Nursing team

*** An UMTSD Medication form/Physician Medication order may also be required.