



# WYANDOTTE PUBLIC SCHOOLS

## Educate – Inspire - Empower

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MEMORANDUM FROM THE OFFICE OF THE SCHOOL DISTRICT NURSE

Phone 734.759.5358

Email [perryj@wy.k12.mi.us](mailto:perryj@wy.k12.mi.us)

### School Year 2018/2019

Dear Parents/Guardians:

For your convenience, we have included the [Allergy Action Plan](#) and the Medication Authorization form in the tab on this page. Please have your health care provider complete and sign these two forms. They can be brought back to the school office with your child's other paperwork at the beginning of next year or send via email or fax to the contact information provided below.

**Please Note: It is important that you and your child's physician review, complete, and sign both the attached forms.**

I would like to have these forms on file by the beginning of the next school year so that I have time to provide awareness about anaphylaxis and how to respond in the first week to pertinent staff. My goal is to create the safest and best learning environment for your child. If you have any concerns or questions throughout the school year, please reach out.

Thank you!

*Jamie Perry*

Jamie Perry, RN, CSN

District Nurse

Wyandotte Public Schools

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