



Richard M. Machesky, Ed.D.
Superintendent of Schools

Hill Elementary School

4600 Forsyth
Troy, MI 48085
248-823-3500
Jbrzezinski@troy.k12.mi.us

Mrs. Janice Brzezinski Principal
Ms. Pam Mulligan Co-Head Teacher
Mr. Mike McEvoy Co-Head Teacher

Dear Parent,

The health care forms you submitted for your child indicate he/she has an _____ allergy.

The school is in need of the following (if checked):

____ A current _____ Allergy Action Plan. A form is enclosed if we have not received one from you yet or it has not been updated from last year.

____ Permission to post your child's photo and share information on his/her Action Plan. Specific allergy information will be displayed in the child's classroom near the teacher's desk, in the office clinic and cafeteria kitchen. The information will be shared with all staff that will be in contact with your child. (i.e., noon aides, special teachers, parent volunteers for field trips, etc.).

I, _____ (parent or legal guardian signature), give Hill Elementary permission to use my son/daughter's photo for the purpose of making the school staff and volunteers aware of my child and his/her anaphylactic allergies.

____ I have enclosed 1 small picture for this purpose.

____ I give the school permission to take a photo for this purpose.

____ I want my child to sit at the peanut free table at lunch.

____ Instructions as to where the EpiPen® should be stored:

____ in the school office only

____ in the classroom only

____ in the school office and classroom (2 Pens need to be provided)

Please share any other helpful information or requests:

Your speedy attention to the above matter is appreciated. We would welcome an opportunity to meet with you to discuss your child's allergy if you feel it is necessary.

Sincerely,

Janice Brzezinski

