# Confirmation of arrangements for a student to carry their own adrenaline autoinjector or asthma reliever medication to and at school

Dear

This letter is to advise you that your request for (insert name of student) to carry their own (insert name of medication i.e. adrenaline autoinjector and/or asthma reliever medication) to school and at school is supported and confirmed.

I have outlined below how this arrangement will occur at school (insert agreed details   
of how and where the student will carry their medication)

Where the adrenaline autoinjector is carried by your child they will need to carry it with a copy of their *ASCIA Action Plan* *for Anaphylaxis* (see <http://www.allergy.org.au/health-professionals/anaphylaxis-resources/ascia-action-plan-for-anaphylaxis>). For asthma reliever medication your child should carry it with a copy of their *Asthma Action Plan*.

Please ensure the medication that your child carries themselves is within the expiry date and clearly labelled with their name.

If the situation arises where this arrangement cannot continue to be implemented we will contact you.

Please keep the school informed if your child’s health condition and/or treatments change.

The school will continue to work with you to support your child in managing their   
health condition.

Yours sincerely

**Signature**

**Principal’s Name**

**Principal**

**Date**