

**LINCOLN PARK SCHOOL DISTRICT**  
**Lincoln Park Middle School**  
973-696-5520  
973-872-8930 (fax)

Dear Parent/Guardian:

The following forms are to be completed by you and your physician regarding your child's medical condition. Certain students deemed sufficiently responsible by their physician and parents may be permitted to have, in their possession, prescribed medication that they may self-administer for treatment of their *emergency* medical condition (Asthma, Severe Allergic Reaction), providing they have been properly trained to do so **and** the enclosed forms have been filled out properly.

To assist in the best possible care of an emergency episode in school, please submit the enclosed forms to the school nurse on the first day of school. **These forms must be updated each year.**

If there are any questions, please call the nurse's office.

Sincerely,

Loni Lopuski, RN  
973-696-6024

Attached Forms:  
Asthma Action Plan  
Severe Allergic Reaction/Anaphylaxis