

**WASHINGTON TOWNSHIP SCHOOL DISTRICT**  
**BRASS CASTLE SCHOOL                      PORT COLDEN SCHOOL**  
*"Making a Difference"*

Date: \_\_\_\_\_

Dear Parent/Guardian of \_\_\_\_\_,

Attached are the district's forms for those students who have physician orders for Epi-pen administration for a known food or insect allergy.

Please fill out and return the forms checked off below:

- **At the beginning of the next school year.**
- **As soon as possible**

If you have any questions, please contact your School Nurse. Thank you.

Janine Barzdines, RN  
Port Colden  
908-689-0681, ext 2507

Yvette Shangold, MBA, RN, NJ-CSN  
Brass Castle  
908-689-1188, ext 3607

\_\_\_\_\_ Food/Insect Allergy Action Plan ***with child's picture attached***

\_\_\_\_\_ Food Allergy Plan of Care from Parents

\_\_\_\_\_ Parent Request for Delegate

\_\_\_\_\_ Bus Company/Driver notification of allergy

\_\_\_\_\_ Emergency Care Plan (for school year \_\_\_\_\_)

\_\_\_\_\_ Principal and Nurse Permission for medication at school

**Please note:**

**\*\*Medications brought in must NOT expire** before the end of the school year

**\*\*If your physician orders a second dose of Epinephrine to be given if needed, you must**  
supply 2 (two) Auto-injectors