



# RANTOUL TOWNSHIP HIGH SCHOOL

200 S. SHELDON STREET  
RANTOUL, ILLINOIS 61866

2016-2017 School year

**Todd R. Wilson**  
Principal

**Sandy Davis**  
Director of Special Services  
Eagle Academy Principal

**Megan Anderson**  
Assistant Principal

**Brooke A. Billings**  
Assistant Principal

**Travis J. Flesner**  
Athletic Director/Dean of Students

Dear Parent/Guardian,

The health care forms you submitted for your student indicated he/she has a food allergy.

To plan for and provide safe care for your child in the school setting, we will need the following:

1. A signed letter from health care provider with instructions the School is to follow in the event that your student experiences an allergic reaction while at school. You may elect to fill out and return the enclosed **Food Allergy Action Plan (GOLD SHEET)**.
2. Epinephrine auto-injector, if prescribed (e.g., EpiPen, Twinject), or other medication to be used if an allergic reaction occurs. Please complete the **Self-Administration Medical Authorization form (Blue sheet)** return it along with a **\*spare EPIPEN** to the school.  
\* Will be kept in nurses office for backup.
3. A signed **Annual Physician's Statement for Students Requiring Menu Modifications or Substitutions during the School Day form**.

Your speedy attention to the above matter is appreciated. We would welcome an opportunity to meet with you to discuss your child's allergy and how we can implement a personalized health management plan.

April Jones RN  
Rantoul Township High School Nurse  
892-6123

Telephone  
217.892.2151

Web Page  
[www.rths.k12.il.us](http://www.rths.k12.il.us)

Fax  
217.892.6181  
217.892.6182

Please provide the information requested above by **September 1, 2016**.