



**Twin Valley Community Local School District**

100 Education Drive  
West Alexandria, Ohio 45381-1184  
(937) 839-4688 Fax (937) 839-4898

Scott E. Cottingim  
*Superintendent*

Tearalee A. Frederick  
*Treasurer*

We will need new Doctor’s Orders for your student’s allergy treatment plan by the first day of every school year.

The following forms need to be completed by you and the doctor for your student’s Allergy Action Plan.

These forms require a Physician and Parent signature:

- Emergency Allergy Action Plan
- Authorization for Student Possession & Use of EpiPen (*Complete both sides of form*)
- Request for Administration of Medication—for any other medications.
- Diet Plan—this is required if Food Services need to make any special accommodations for allergies.

The following form needs to be completed and signed by parent:

- Allergy Questionnaire

Two Epipens must be provided to the school. A “back-up” epinephrine autoinjector is required by Ohio law {ORC 3313.718(3)}.

**Students without a current Allergy Action Plan and/or Epipens**

**will not be permitted to go on Field Trips.**

Let me know if you have any questions.

Sincerely,

*Mikayla Pressly, RN*

ES/MS/HS nurse  
Twin Valley Community Local School District  
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West Alexandria, Ohio 45381

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