

**Sample Letter for Carrying
Self-Injectable Epinephrine Aboard Commercial Airplanes**

DATE

To Whom It May Concern:

[PATIENT FULL NAME] is a [AGE]-year-old [BOY/GIRL] who suffers from a life-threatening allergy to [SPECIFIC ALLERGENS LISTED]. This is a severe allergy that makes it medically necessary for [HIM/HER] to carry an antihistamine and self-injectable epinephrine (EpiPen® or Twinject®) at all times. Epinephrine is prescribed by a licensed medical professional.

[PATIENT NAME] should have this life-saving medication with [HIM/HER] at all times, especially during travel away from home. In the event of an exposure to [ALLERGEN], a severe, potentially life-threatening allergic reaction may occur. Every minute is critical in using this medication to treat the allergic reaction. Please allow [PATIENT NAME] to have [HIS/HER] self-injectable epinephrine with [HIM/HER] on board the airplane.

[IF YOUR CHILD ALSO SUFFERS FROM ASTHMA]

[PATIENT NAME] is also asthmatic and requires the use of [NAME OF ALL ASTHMA MEDICATIONS] in the event of an asthma attack or allergic reaction. Please allow [PATIENT NAME] to carry [HIS/HER] inhaler on board the airplane. Additional information may be obtained from the following:

[PEDIATRICIAN'S NAME]
[PEDIATRICIAN'S PHONE]

[ALLERGIST'S NAME]
[ALLERGIST'S PHONE]

Respectfully signed,

_____, M.D.