



CRITICAL HEALTH CONCERN(S) ALERT TO SCHOOL NURSE

Dear Parent/Guardian,

It is important that you complete this form whether or not your child has one of the following serious health conditions that may require accommodations and/or medications at school:

- Diabetes
- Persistent Asthma (on daily medication)
- Severe Allergy (requiring EpiPen)
- Seizures
- ADHD
- Other Significant Chronic Health Condition
- 504 or IEP Plan with health accommodations requiring annual review

**Answer "None" if your child has no health concerns.*

Student Name: _____

School: _____

*Health Condition: _____

*Treatment/Medication/MD Orders: _____

Parent Name: _____

Parent Phone #/Email: _____

If you feel it is important that I discuss and review your child's health status with you, please provide the best times to reach you. I will contact you as soon as possible after receiving this form. You may also reach me by phone or email (see below).

Best time to reach you: _____

Sincerely,

Alison Mankin, RN/Credentialed School Nurse
District Nurse
Reed Union School District
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