



CRITICAL HEALTH ISSUES

CONFIDENTIAL - ALERT TO SCHOOL NURSE

Dear Parent,

If your child has a health condition that may require accommodations/medication at school, it is critical that you complete this form.

- Diabetes
- Asthma
- Severe Allergy requiring Epi-Pen
- Seizures/history of seizures
- Migraine
- Significant Chronic Health Condition

School: _____

Student Name: _____

Describe Condition(s): _____

Medication(s): _____

Parent Name: _____

Best Phone#: _____

Email: _____

PLEASE NOTE: *You will be required by your school to complete an **Emergency Card** where you will also include this information. If your child requires medication to be kept at school, you will also need to complete the **Medication Authorization Form**, which will require a doctor's signature.*

Nancy Nakae, RN

Mill Valley School District Nurse

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