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**Office of the School Nurse**

**TO:** Parents/Sponsor of: \_\_\_\_\_

**FROM:**

**SUBJECT: Additional Medical Information**

**On the *Student Health History form*, it was indicated that your child has**

\_\_\_\_\_

**In order to better understand your child's needs, more information is requested. I would appreciate any additional information you could give me concerning this condition.**

**Medical information to include medications, hospitalizations, surgeries, etc.:**

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\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Date**