

Larkspur-Corte Madera School District
CRITICAL HEALTH ISSUE(S)
ALERT TO SCHOOL NURSE

Everyone must complete this form. If there are no health issues, please initial below. If your child has a serious health issue that may require accommodations at school, it is important that you complete all of the following information.

Date: _____

Student Name: _____

Parent Name: _____

My child has no critical health issue, initial here: _____

Please indicate below any health issues

- Diabetes
- Persistent Asthma (on daily medication)
- Severe allergy (Epi Pen)
- Seizures (on medication)
- Significant Chronic Health Condition
- 504 Health Plan
- Other Condition: _____

Treatment: _____

If you have selected one of the issues above, the district nurse will be in touch to review your child's health status. Please provide best times and phone number to reach you.

Best phone number: _____

Best times to reach you: _____

Thank you!

District Nurse Notes: