



Kent Middle School

800 College Avenue, Kentfield, California 94904
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Skip Kniesche, Principal

CRITICAL HEALTH ISSUE(S) ALERT TO SCHOOL NURSE

Dear Parent,

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

Diabetes
Persistent Asthma on daily medication
Epi-Pen for severe allergy
Seizures on medication
Significant Chronic Health Condition
"504" Plan requiring annual review

Condition: _____

Treatment: _____

Student Name: _____

School: _____

Parent Name: _____

Phone/Cell number: _____

If you feel that it is important that we discuss and review your child's health status, please provide best times and telephone numbers to reach you. Please be aware that I will contact you as soon as possible after receiving this form.

Best time to reach you: _____

Laurel Yrun, R.N.
Community Health Liaison
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