

Health Office Memorandum

CONFIDENTIAL STUDENT INFORMATION

DATE:

TO:

FROM:

RE: Student (s) with SEIZURES: _____

This memorandum is to notify you that the above student (s) have a health condition that may affect attendance or learning.

Diagnosis/Condition: The attached is a list of students who have a diagnosis of seizures. Please inform the office when the student has a seizure. Please note the time the seizure begins, the type of seizure activity and the duration. Protect from any classroom equipment which could harm the student, turn the student to the side to prevent aspiration. Do not put anything in the student's mouth. If the seizure last longer than 5 minutes request office personell to call 911 and parents.

Comments:

Health Office Memorandum

CONFIDENTIAL STUDENT INFORMATION

DATE:

TO:

FROM:

RE: Student (s) with DIABETES _____

This memorandum is to notify you that the above student (s) have a health condition that may affect attendance or learning.

Diagnosis/Condition: Student will need to be released to come to the office for special procedure at _____ or as needed for signs or symptoms of high or low blood sugar: palor, clammy skin, shakiness, heart pounding or weakness see attached sheet. Call the health office immediately. **DO NOT SEND STUDENT ALONE TO THE HEALTH OFFICE.**

Comments:

SECTION 4