Request for Medical Documentation – VP Shunt

Date:
Dear Parent/Guardian,
Attached are forms for your child for the upcoming school year. The forms attached are:
Check all documents that apply:
\square VP Shunt History form to be completed by the parent.
☐ Activity Restriction form to be completed by the parent/guardian if no restrictions or completed by your licensed healthcare provider if there are restrictions.
☐ Other
Please contact the health office if your child requires prescription or over-the-counter medication during the school day, and the appropriate forms will be sent.
If you would like to request a meeting with the District Nurse regarding your child's healthcare needs, please let us know and a meeting will be arranged.
All completed paperwork and supplies needed to care for your child must be brought to school prior to your child's first day.
Please contact your school health office with any questions.
Thank you,