

Dear Parent/Guardian,

A completed clinic card was received from your child _____ indicating a medical history and/or problem. A medical action plan is required for special considerations due to a chronic or ongoing medical problem. Your child's clinic card indicates that she/he has the following chronic or on going medical history/problem:

_____.

Enclosed is a Medical Action Plan pertinent to your child's medical history/problem. This plan will enable your child's education team to provide any special considerations that will create the best learning experience for your child. Please complete **ALL** blank areas on the medical action plan. It is important that **ALL SIGNATURES** be obtained. You may fax the medical action plan form to your child's physician for signature or obtain a physician's note with signature indicating that your child is under the care of the physician, **AND** that you have reviewed the medical action plan with the physician.

Please return the completed medical action plan to the School Nurse at Buford High School. All medical action plans will be updated yearly during your child's attendance at Buford High School. You may contact me at 770-945-6768 for any questions or concerns.

Thank you for your attention to your child's well-being while at Buford High School.

Donna Mathis R.N.
School Nurse
Buford High School