

Student Health Information Update Request

Date: [Insert Date]

To: [Parent/Guardian Name]

[Parent/Guardian Address]

Dear [Parent/Guardian Name],

I hope this message finds you well. We are writing to request an update on your child's health information to ensure that we can provide the best care and support during their time at school.

Please complete the attached health information form and return it to us by [Insert Deadline]. This information will remain confidential and will be used solely for the purpose of caring for your child's health needs.

If you have any questions or need assistance with the form, please do not hesitate to contact us at [Insert Contact Information].

Thank you for your attention to this important matter.

Sincerely,

[Your Name]

[Your Position]

[School Name]

[School Contact Information]