

School Nurse Medical Condition Report

Date: [Insert Date]

To: [Recipient's Name]

From: [Nurse's Name], School Nurse

School: [School Name]

Subject: Medical Condition Report for [Student's Name]

Student Information

Name: [Student's Full Name]

Grade: [Student's Grade]

Date of Birth: [Student's DOB]

Medical Condition Details

[Brief description of the medical condition, including any relevant history and current status]

Recommendations

[Any recommendations for school staff or actions needed to support the student]

Follow-Up

[Details regarding any follow-up appointments or necessary updates]

Thank you for your attention to this matter.

Sincerely,

[Nurse's Name]

[Contact Information]