

Student Medical Needs Notification

Date: [Insert Date]

To Whom It May Concern,

I am writing to inform you about the medical needs of [Student's Name], a student in [Grade/Class] at [School Name]. [He/She/They] has been diagnosed with [specific medical condition] which requires certain accommodations to ensure [his/her/their] health and well-being during school hours.

Specifically, [Student's Name] requires the following accommodations:

- [Accommodation 1]
- [Accommodation 2]
- [Accommodation 3]

We would appreciate your cooperation in ensuring that [Student's Name] receives the necessary support. Please feel free to reach out if you require any further information or documentation.

Thank you for your attention to this important matter.

Sincerely,

[Your Name]

[Your Position]

[Your Contact Information]