

Dear Parent,

I feel it is important to review the necessary precautions to care for your child with migraines. This information is necessary so that your child maintains an optimal level of health as well as achieving maximum academic performance.

First of all, please make sure you complete the enclosed forms and return it to your school _____ who will forward them to me as soon as possible. This will serve as a guide for school personnel in the daily care of your child, **so it is very important everything is complete.**

Secondly, if your child requires any medication at school we require:

1. **Administration of Medication form** signed by physician and parent is needed for any prescription medications. If your child will require over the counter medications, the school needs a note signed by you with dosage, frequency, and when to give medications.
2. **Medication** (either prescription or over the counter) in original bottle.
3. **Health Care Plan** completed and returned to school.

Finally, I encourage you to maintain regular contact with your child's teacher. No one knows your child as well as you do and if you perceive changes in your child's study habits or health condition please discuss the matter with the teacher and/or school nurse so that the student's overall status is not adversely affected.

If you have any additional questions or concerns feel free to contact me at 326-_____. You may also refer to Harrison County Policy Guide or the county website www.harcoboe.com.

Sincerely,

School Nurse

***If your child no longer requires a Health Care Plan please sign below and return to the school secretary.**

My child _____ does not require medication or a care plan for the _____ school year for migraine management.