



Tidehaven Independent School District

47 CR 427 Doman Road P.O. Box 129 El Maton, TX 77440-0129 www.tidehavenisd.com

Dear Parent/Guardian:

You indicated on this year's health history form that your child has a **severe allergy and/or asthma, or a history of seizures.**

Please complete the attached packet, along with a physician's signature and turn it into the office. If you choose **not** to have an emergency action plan in place, or supply the school with any rescue medications, please sign below indicating that no further action is needed.

Thank you for your prompt response!

Lori Palomares, RN
Renee Smith, LVN
TISD School Nurse

I, _____, parent of _____,
(Parent/Guardian Name) (Student Name)

do NOT wish to have an emergency action plan in place and/or rescue medications on campus.

Parent Signature

Date

