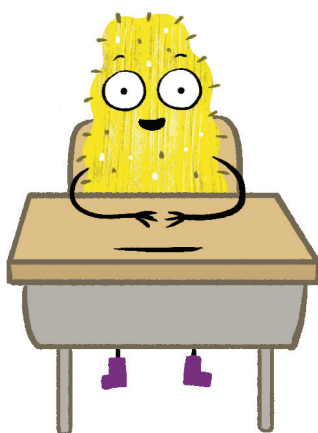


Sample

SCHOOL NOTE



To Whom It May Concern:

[Patient name, DOB] is under my care for headaches. Please allow him/her to go to the nurse's office at onset of a headache and take [medications and/or neuromodulation device]. This medication can be repeated in [number of hours] if needed. Please allow him/her to rest in a dark quiet room for 30 minutes if desired.

Additionally, please allow [name] to carry a water bottle with him/her throughout the day, and please allow restroom breaks as needed.

Optional:

- Please allow [name] to have a snack if desired, as this is helpful in managing headaches.
- Please allow [name] to take brief breaks (20-30 minutes) in a quiet place (such as the library) as needed, for headache management.
- While [name] is making every effort to attend school every day, there may be rare days when he/she needs to miss school because of a migraine. Please allow flexibility if he/she is needing to miss an occasional day of school due to migraine. This could include (excused absences / excused tardies / extended time on assignment / anything else relevant to the patient).
- Please allow [name] to take a break from screens when needed.
- Please allow [name] some flexibility with make-up work if he/she has needed to miss a day of school due to migraine. This can include modified assignments, shortened assignments that allow for demonstrating mastery, and extended time to complete assignments. [Name] may also require support from the school on the planning and execution of make up work if there is an extended absence.
- Please reach out with questions and concerns. These accommodations are medically necessary to maintain health and well being, and allow them to function at school.

I appreciate your help!



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