

Sample Letter to a Child's School Team Regarding COVID Safety

To Whom it May Concern:

I am the primary physician for _____ (student's full name) __ at the request of his/her parents/legal guardians. XXX has (fill in diagnosis and description as needed.) She/He has multiple associated medical conditions including...

Though s/he is vaccinated (if child over age 12 is vaccinated), these conditions place her/him at extremely high risk for medical complications if she/he were to contract COVID infection. For most vaccinated individuals, the respiratory symptoms of COVID infection are relatively mild, however in XXX's case, because of her/his (diagnosis or medical condition), s/he could have substantial medical related difficulties. (More detail if available or needed.)

I believe that it is medically necessary to minimize XXX's exposure to infection within his school programming. In addition to standard precautions of masking and distancing, it is advisable for him to only be **on-site in small group activities for part of the day and to access other educational content through virtual modalities.** *(Or include other modifications as appropriate)*

We are hopeful that the risk environment in our community will improve in the coming months, but, at this time, it is essential that increased protective measures be taken for XXX due to her/his highly vulnerable medical conditions.

I look forward to your favorable review. If additional information is needed, please contact me at ----.

Sincerely,

XXXX, MD

Clinic Name

Clinic Address

City, State, Zip