



## Letter to School Nurse About a Child With Primary Immunodeficiency

Dear \_\_\_\_\_,

My child, \_\_\_\_\_, has been diagnosed with a primary immunodeficiency known as \_\_\_\_\_. This is a genetic condition that affects the body's immune system and leaves it incomplete. Primary immunodeficiency is not communicable and does not pose any risk to his/her peers. However, because his/her immune system is compromised, my child is at substantial risk of infection.

My child does not show typical signs of infection, but he/she is intimately familiar with his/her personal symptoms. Therefore, it is important to respond immediately if he/she complains of fever, chills, headache, or difficulty breathing or swallowing, or demonstrates general irritability.

Diseases such as pneumonia, otitis media, or bronchitis tend to be common in people with this condition, last longer than usual, and occur more often. Antibiotics are used to suppress the infections; however, he/she needs regular treatment that may require occasional absences from school.

My child receives replacement antibodies via \_\_\_\_\_ (therapy) given in \_\_\_\_\_ (period of time) infusions. If my child does not receive the infusion regularly, he/she may develop infections, causing further absence from school. If not treated aggressively, the infections can become serious.

I would appreciate the opportunity to meet with you to discuss my child's special health care needs when he/she is in school and under your care. Together, we can determine a health care and emergency plan. It is likely that my child will require modifications and/or accommodations in the classroom due to his/her medical condition.

The Immune Deficiency Foundation (IDF) offers a complimentary publication entitled *IDF School Guide: Information About Students With Primary Immunodeficiency Diseases*. I would be glad to provide this publication to you if your office, school, or district does not already have this information on file.

Due to my child's condition \_\_\_\_\_, he /she may not be able to receive/benefit from the normal childhood immunizations, therefore leaving him/her more susceptible to contagious diseases. Please notify me immediately if my child is exposed so I may take appropriate action with his/her physician.

Please do not hesitate to call me at \_\_\_\_\_ (phone number) if you have any questions or concerns. I will be happy to meet with you personally at your convenience to discuss my child's care, help create a health care and emergency plan, and provide you with any other information you might need.

Sincerely,

To Whom It May Concern:

This is to confirm that \_\_\_\_\_ (name of child) has a primary immunodeficiency (PI). PI is a genetic immune system condition that can result in severe infections. Treatment could include periodic infusions of immunoglobulin (immune system booster). Appropriate treatment of any illness (such as an infection) must be addressed immediately to prevent complications.

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date