

School Nurse Letter for In-Class Nerivio Use (For Example Purposes Only)

[Your Name]

[Your Address: City, State, ZIP]

[Your Email, Your Phone Number]

[Date]

Dear School Nurse and Other Personnel,

{Child's Name} has been diagnosed with migraine. I have prescribed him/her Nerivio®, a medical prescription wearable operated by a smartphone application, to effectively treat their migraine while at home and/or school.

Nerivio is an FDA-cleared, prescribed, non-pharmacological, wearable device for the acute and/or preventive treatment of migraine with or without aura in patients 8 years of age or older. It is worn on the arm for 45-minute treatments and controlled by a smartphone app.

Nerivio is small and discreet. Its 45-minute dosage duration is not expected to interfere with {Child's Name}'s ability to stay in the classroom while actively participating in class.

A smartphone is required to begin and control treatments with Nerivio.

I am requesting permission for {Child's Name} to have access to their Nerivio device as well as the smartphone required to start treatment in the classroom. Minimizing disruption and the need to visit the nurse's office for each treatment will allow {Child's Name} to promptly treat at the start of migraine pain and thus improve migraine induced functional disability.

I have spoken with {Child's Name}'s parents, and they have given their permission for the use of the Nerivio device at school. They are also willing to sign any paperwork that is required.

Thank you for your time and consideration.

Sincerely,

{Insert Prescriber Name and Signature}

Disclaimer: This guide is for informational purposes only and does not constitute legal or medical advice. The sample letter is a general example and does not guarantee school approval. Policies regarding device use vary by school, and permission to use smartphones in class is at the discretion of school personnel.