

To: \_\_\_\_\_ Date: \_\_\_\_\_

Title/Role: \_\_\_\_\_

School name: \_\_\_\_\_

Dear \_\_\_\_\_ [School staff member],

My child, \_\_\_\_\_ [Child's name], is a student in \_\_\_\_\_ [Grade/Teacher's name/class] at your school. I am writing to share that \_\_\_\_\_ [Child's name] is living with a rare kidney condition called primary immune-complex membranoproliferative glomerulonephritis (IC-MPGN).

Primary IC-MPGN is a rare kidney disease that can cause symptoms that affect daily life, participation in class, and attendance at school. Common symptoms include feeling very tired; having headaches; swelling in the face, hands, or feet; and trouble focusing or keeping up with schoolwork. Some children may be encouraged to drink more fluids during the day, which can mean needing more frequent bathroom trips.

I kindly ask that this information about \_\_\_\_\_ [Child's name]'s condition be shared only with staff members who need to know in order to provide appropriate support.

Your understanding and flexibility can make a meaningful difference. Supportive measures may include:

- Flexibility with deadlines during absences
- Allowing rest breaks if fatigue occurs
- Notifying me if you observe visible swelling or signs of discomfort
- Communicating with me if you notice changes in energy, focus, or overall well-being
- Virtual attendance accommodations when possible or appropriate

Due to the nature of primary IC-MPGN, doctor's appointments may also result in missing school. Together, we are committed to staying on track and will keep you informed about upcoming absences with as much advanced notice as possible.

If you have any questions, please do not hesitate to reach out. I appreciate your understanding and partnership in helping my child have a safe, supportive, and positive school experience.

Sincerely,

Signature: \_\_\_\_\_

Printed name: \_\_\_\_\_

Date: \_\_\_\_\_



## Important contact information

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If you have questions or concerns, please contact:

Parent/Caregiver name(s): \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Phone number(s): \_\_\_\_\_

Email address(es): \_\_\_\_\_

Treating physician name: \_\_\_\_\_

Practice/Hospital name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Additional instructions or emergency notes (if applicable):