

SUPERINTENDENT  
Lawrence T. Walters

126 Starksville Ave., N.  
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Lee County  
Board of Education

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Dear Parent/Guardian,

Your child's health information form indicates that he/she has a chronic health condition. \_\_\_\_\_. However, we need further information in order to provide medical services and prevent an emergency at school.

If your child has special needs to be met at school, we need you and your child's physician to complete the appropriate forms for his/her medical condition.

Your speedy attention to the above matter is appreciated. We would welcome an opportunity to meet with you to discuss your child's health condition and how we can implement a personalized health management plan. Please call me or the nurse at your child's school if you have any questions or concerns.

Sincerely,  
Dana Leverett, RN  
School Nurse Coordinator  
229-903-3597  
[leverettda@lee.k12.ga.us](mailto:leverettda@lee.k12.ga.us)

School Health Clinics

Lee County High	903-3989
9 <sup>th</sup> Grade Campus	903-3597
Lee County Middle	903-2150
Twin Oaks Elementary	903-2245
Lee County Elementary	903-2221
Kinchafoonee Primary	903-2206
Lee County Primary	903-2183
Lee County Pre-K	903-2136