

American Academy of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

California Chapter 4

School: _____

Date: _____

Student's Name: _____

Grade: _____

Dear Parents/*Estimados padres de familia*:

While observing the health of your child, the school nurse has noted the following symptoms/signs which should be brought to your attention. (*La enfermera de la escuela ha observado los siguientes síntomas/señales que pueden ser de alto riesgo para la salud de su hijo(a), requerimos de su atención.*)

“ACANTHOSIS NIGRICANS”

Acanthosis Nigricans is a light-brown to black, velvety, rough or thickened lesion on the surface of the skin. It is usually found around the neck, axillae and over the knuckles. Acanthosis Nigricans can be a primary marker that may signal high insulin levels, which can lead to insulin resistance and may develop into type 2 diabetes. (*Acanthosis Nigricans es una marca oscura visible en la superficie de la piel --alrededor del cuello, axilas y nudillos de los dedos--. Las marcas de acanthosis nigricans indican altos niveles de insulina en el cuerpo; y son primeras señales para futuro desarrollo de la diabetes tipo 2 y otras complicaciones para la salud.*)

The observations are as follows: (*Las observaciones son las siguientes:*)

Height: in.	Weight: lbs	BMI:
Average Blood Pressure:		Co-Morbidity: #1 or 2 or 3
Acanthosis Nigricans Exists?		

Co-Morbidities: *Please circle co-morbidity that is identified*

1. Family History: Obesity, Diabetes, Hyderlipidemia, HTN, MI, Stroke
2. Chronic Diseases: PHH
3. ROS: Sleep apnea, worsening asthma, exercise intolerance, reflux, limb pain, emotional difficulties, menstrual irregularities

Please take this form with you when you take your child to your physician.

(*Presente esta forma a su médico.*)

School Nurse _____

* * *

The school system would appreciate comments from parents and doctors regarding Acanthosis Nigricans. Information provided will be helpful for the nurse to better serve your child.

(*Se tomaran en cuenta todos sus comentarios para asistir mejor la salud de su hijo(a).*)

Doctor's diagnosis, treatment or/and recommendations.

(*Diagnóstico médico y/o recomendaciones*)

Parent's comments: (*Comentario de padres de familia*)

Please sign and return this form to the school nurse.

(*Favor de firmar y devolver esta forma a la enfermera de la escuela*)

Doctor's signature _____

Date _____

Parent's signature _____

Date _____