



To the parent/guardian of _____ Grade: _____

You have indicated on school records that your student currently has **seizures**. It is important to have at least annual health information when s/he needs help at school. **Please complete this form and return it to the school nurse tomorrow** so a plan to help your child can be shared with identified school personnel. *It is the responsibility of parents to provide necessary medicine if needed at school.* If you have any questions, please contact the school nurse.

How often do seizures occur? _____

Has the student been hospitalized for seizures within the past year? No__ Yes__ When? _____

What do their seizures look like and how long do they normally last? _____

How soon after a seizure can the student return to his/her regular activities? _____

List conditions that can trigger the seizures (noise, blinking lights, etc) _____

When was your child first diagnosed with seizures? _____

Seizures are currently being treated by Dr. _____ Phone# _____

Are medications needed to control seizures? No_____ Yes_____ (list below)

Any other information you feel is important for the treatment of your student _____

Medication	Dose	Time
1.		
2.		
3.		

Circle any medications that will need to be given at school.

Please advise the school nurse immediately of changes in medication and or dose.

PARENTAL CONSENT: By signing this form, I consent to the sharing of this information with appropriate district staff (this includes but is not limited to administrators, teachers, support staff, bus drivers, food service staff, custodians, coaches and substitute employees). Grant permission for the school nurse to confer with the doctor regarding health and treatment issues as they pertain to the above medications and or diagnosis as related to his/her educational and behavior management needs; **The North White School Corporation shall not be held liable for any harm caused by inaccurate reporting by legal guardian or Licensed Physician on this form.**

Parent Signature: _____ Date: _____