

SEIZURE DISORDER ACTION PLAN

In order to care for your child at school in the event of a seizure please complete the following forms. All seizure forms and any seizure medication must be in place prior to the start of the school year.

- Questionnaire for Parent of a Student with Seizure:
 - Needs to be completed and signed by a parent or guardian of the student.
- Seizure Action Plan:
 - Needs to be completed and signed by a physician and a parent.
- Medication Authorization Form, if emergency seizure medication is prescribed.

Contact the School Nurse to set up a meeting to review the Seizure Action Plan with the Nurse and your child's teacher. Please reach out if you have any questions or concerns.

Thank you,
School Health Services - Lorain County Public Health
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