



Michelle Hanson, BSN-RN, LSN, PHN
District Health Coordinator
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Dear Parent/Guardian,

We are planning for the new school year and are aware that your child has a history of seizures. To ensure that we have the most accurate information to care for your child, information needs to be **updated annually**. We welcome an opportunity to meet with you and to further discuss your child's diagnosis and how we can best implement a personalized school seizure management plan.

This is regarding my child, _____.

My child's seizures are no longer a concern. *Please sign here and return to your child's school. No additional forms needed.*

Parent/Guardian Signature

Date

Please print parent/guardian's name

Seizures continue to be a health concern for my child.

Please fill out the Seizure Action Plan and return to your child's school.

1. Either your doctor's Seizure Action Plan, or our attached school district Seizure Action Plan must be signed by your physician and a parent/guardian. This form needs to be returned to the Health Services office as soon as possible, whether your child needs medication at school or not.
2. If medication(s) are required, they should be brought to Health Services by a parent in a current-labeled container provided by your pharmacy.

For questions, contact the Health Assistant at your child's school, or myself at 763-262-5125. We would appreciate this information to be sent back to the school as soon as possible. Thank you!

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