

Seizure

Dear Parent/Guardian,

You have been sent this letter because you have indicated that your son/daughter has or has had seizures on a school health history that is annually completed each school year. You may have indicated the condition this school year or sometime in earlier school years.

Attached you will find a Seizure Disorder History Form which will need to be completed and signed by you. This form will allow us to be aware of your child's specific symptoms and care should the need arise.

Attached is also a Seizure Management and Treatment Plan that needs to be completed and signed by you and your child's physician.

Please return these forms to the school nurse as soon as possible.

Thank you!

**Lori Palomares, R.N.
District Nurse
Markham Elementary School
979-843-4340**

**Renee Smith, L.V.N.
School Nurse
Blessing Elementary School
979-843-4330 ext. 152**

**Tidehaven Intermediate
School
979-843-4320 ext. 206
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