## PLYMOUTH JOINT SCHOOL DISTRICT HEALTH OFFICE

Anne Nelson, RN, BSN Early Childhood – 5th Grade annelson@plymouth.k12.wi.us 892-2661, Ext. 4520 or 2105



Sara Stout, RN, BSN 6th Grade – 12th Grade sstout@plymouth.k12.wi.us 892-2661, Ext. 1100 or 2105

Dear Parent / Guardian,

If your child has been diagnosed with seizures in the past and your child is at risk for having a seizure in school, the following the paperwork is necessary to help the school staff properly accommodate and care for your child:

- 1. **Seizure Health Action Plan** This plan will help us determine how you want us to manage your child's seizures and ensure proper action by school personnel. This plan will be kept confidential and shared only with members of the staff who have direct responsibility for your child. If possible, please have your child's health care provider review and sign this plan. If your child needs prescription medication for seizures at school, such as Diastat, please indicate so on the Seizure Health Action Plan and Medication Authorization Form.
- 2. **Medication Authorization Form** Complete a Medication Authorization Form if your child requires keeping an emergency medication (such as Diastat) at school. Please complete and sign the top and have your health care provider complete and sign the bottom portion of the form. This medication will be kept secure and will accompany your child on any field trips off school grounds.

This paperwork must be competed yearly prior to the first day of school. Once complete, please return these forms while dropping off any medication to your school office or fax / mail to your school. It is important that you notify us and your child's healthcare provider if there are any changes during the school year so that we can revise your child's Seizure Health Action Plan. Please feel free to call us if you would like to discuss your child's condition or need help completing these forms. Thank you for your time.

Sincerely,

Anne Nelson, RN

Sara Stout, RN

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