



13461 Ramona Avenue • Chino, CA 91710 • 909.628.1201 • www.chino.k12.ca.us
Student Achievement • Safe Schools • Positive School Climate • Humility • Civility • Service

Dear Parent(s)/Guardian(s) of _____.

Enclosed are the required forms for your student's Specialized Physical Health Care procedure for Seizures (with VNS). It is necessary to have these forms completed each school year by you and your student's physician.

Please complete and sign the enclosed:

- **Parent section of the *Physician Authorization for Use of VNS***
- ***Seizure Health History***

Please ask your physician to complete and sign the enclosed:

- **Physician section of the *Physician Authorization for Use of VNS***
- **Seizure Action Plan**

Please take the enclosed forms, which may include suggested protocols from the State's *Guidelines and Procedures*, to your student's physician. The physician needs to complete and sign the **Physician's Authorization forms** for the school to have in order to treat your student at school and/or ensure his/her safety at school.

Either you or your physician should return the entire packet to the Health Office during the week before school starts. This will allow enough time for me to review the forms and plans for his/her procedure, or to contact your physician if more information is needed.

Please call me if you have any questions or concerns at _____.

Sincerely,

_____ RN
School Nurse