



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 Specialist Physical Health Care Procedure for Seizures (with Emergency Seizure Medication). 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 Administration of Emergency Seizure Medication**
- **Seizure Health History**

Please ask your physician to complete and sign the enclosed:

- **Physician section of the Physician Authorization for Administration of Emergency Seizure Medication**
- **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 their 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 their procedure, or to contact your physician if more information is needed.

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

Sincerely,

Credentialed School Nurse