



South Lyon Community Schools

Special Services Office • 62500-B West Nine Mile Rd. • South Lyon, MI 48178 • (248) 573-8220 • Fax (248) 437-8438
Linda M. Raye, Director of Special Services

Seizure Emergency Plan Letter

Date _____

Dear _____
Parent(s) Name

You have indicated that your child has Seizures.

For school personnel to provide daily and emergency management of your child's seizures at school, please complete the following form:

1. "Seizure Emergency Care Plan for School" form requiring parent and physician signature.
2. "Seizure Emergency Care Plan for Transportation" form requiring parent and physician signature.
3. "Parent Questionnaire Regarding Epilepsy/Seizure Disorder" form.

Enclosed you will find the appropriate forms to complete and return to the school office.

It is the parent's responsibility to provide all prescribed medications to the school. Please be advised that you are responsible for annual updates and for changes as they occur throughout the year.

If an emergency arises before receipt of an individual care plan, school district procedures regarding seizures will be followed.

Prompt return of your child's information will assist us to respond more readily to your child's needs. Please return the completed packet to the school by _____.
Date

Thank you,

School Principal/Designee
School Name
Address
Phone #

This information expires on the last day of each school year.