

Date: [Date]

To: [Principal Name] / [School Nurse Name]

School Name: [Name of School]

Subject: Notice of Return to School and Updated Seizure Action Plan

Dear [Recipient Name],

This letter is to inform you that my child, **[Student Name]** (DOB: [Date of Birth]), has been cleared by their healthcare provider to return to school on **[Return Date]** following a recent seizure event on [Date of Event].

To ensure [Student Name]'s safety and wellbeing, I have attached an updated **Seizure Action Plan**. This document outlines:

- Specific seizure types and typical presentation.
- Step-by-step first aid procedures.
- Emergency contact information.
- Protocols for administering rescue medication (if applicable).
- Triggers or warning signs to monitor.

Medication Update:

[Insert details regarding any new medications or changes to dosage, or state "No changes have been made to current medications."]

Activity Restrictions:

[Insert any temporary restrictions on physical education, swimming, or playground use, or state "There are no restrictions on activities at this time."]

Please ensure that all relevant staff members, including classroom teachers, physical education instructors, and office personnel, are briefed on this updated plan. We would like to request a brief meeting or phone call on [Date/Time] to discuss any questions the school staff may have.

Thank you for your cooperation and for providing a safe learning environment for my child.

Sincerely,

[Parent/Guardian Signature]

[Parent/Guardian Printed Name]

[Phone Number]

[Email Address]

Physician's Approval (Optional):

I confirm that [Student Name] is medically fit to return to school activities.

Physician Name: _____

Physician Signature: _____

Date: _____