

Date: [Insert Date]

To: [Principal Name / School Nurse Name]

[School Name]

[School Address]

Re: Return to School and Medication Update for [Student Name]

Date of Birth: [Student DOB]

Dear [School Staff Name],

This letter is to inform you that [Student Name] is cleared to return to school on [Date] following a recent seizure event that occurred on [Date of Event].

Following a medical evaluation, there have been updates to the student's seizure management plan and medications. Please update the student's health records with the following information:

New or Adjusted Daily Medications:

[Medication Name]: [Dosage] taken at [Time of Day]

Emergency/Rescue Medication:

[Medication Name]: [Dosage]

Instructions for administration: [Insert specific instructions, e.g., administer if seizure lasts longer than X minutes]

Activity Restrictions:

[List any restrictions, e.g., no swimming, no climbing, or "No restrictions at this time"]

Attached you will find the updated Seizure Action Plan signed by the healthcare provider. We will provide the school with a fresh supply of the required medication in its original pharmacy packaging.

Please contact me at [Phone Number] or [Email Address] if you have any questions or require further clarification.

Sincerely,

[Parent/Guardian Signature]

[Parent/Guardian Printed Name]

Physician Confirmation (Optional):

Physician Name: [Name]

Phone: [Phone Number]

Signature: _____