

Date: [Date]

To: [School Name] Administration and School Nurse

Subject: Return to School Following Seizure Event

Dear [Principal or School Nurse Name],

This letter is to formally notify you that [Student Name] is cleared to return to school on [Date of Return] following the seizure event that occurred on [Date of Event].

Medical Update:

[Student Name] has been evaluated by [Healthcare Provider Name]. It has been determined that it is safe for them to resume normal school activities, with the following considerations:

- **Physical Activity:** [e.g., Full participation / Restricted from PE for X days]
- **Medication Changes:** [e.g., None / List new dosage or timing]
- **Observation Needs:** [e.g., Increased fatigue may be expected for 48 hours]

Emergency Protocol Review:

Please ensure that the existing Seizure Action Plan on file is followed. In the event of another seizure, please note the following specific instructions: [Insert any specific updates to the emergency protocol here].

Contact Information:

In case of any concerns or if another event occurs, please contact [Parent/Guardian Name] immediately at [Phone Number].

Thank you for your cooperation in ensuring [Student Name]'s safety and continued education.

Sincerely,

[Parent/Guardian Signature]

[Printed Name]

[Physician Signature - Optional but Recommended]

[Physician Name/Clinic Stamp]