

BABOQUIVARI UNIFIED SCHOOL DISTRICT #40

Request for Medical Documentation -Seizure Disorder

Dear Parent/Guardian,

We need to identify our students with chronic health problems so that we can give them the best care while they are in school. Your child has been identified as having a seizure disorder. If this is not correct, please let the Health Aide at your student's school know. Attached are forms for your student for the school year. We will ask these forms to be updated yearly so that we have the most current information about your student. The forms attached are:

1. **Seizure History Form** to be filled out by parent
2. **Seizure Action Plan** to be filled out by a licensed healthcare provider. (If your child has seen their provider for an annual Well Child visit, you may not need to schedule an additional visit; ask if your provider is willing to complete the form without an appointment)
 - a. The Seizure Action Plan should detail any routine medications to be given during school hours
 - b. The Seizure Action Plan should detail any "rescue" medications to be given during school hours
 - c. The Seizure Action Plan should indicate if the student is capable of safely carrying and taking rescue medications
3. Consent for **Prescription Medication Administration Form**, if needed, to be filled out by the parent.
4. **Release of Information form**, if needed, allows you to give permission to request medical records and speak with your student's healthcare provider

Please return the completed forms to the Health Aide at your child's school.

If you have any questions or would like to request a meeting with the nurse and health aide regarding your child's health care needs, please let us know and we will arrange a meeting.

Please contact your school's health office with any questions.

Thank you,

Tricia Logan, RN
District Nurse
520-719-1250 ex 4023

Rhona Enriquez
Health Aide- Intermediate School
520-719-1240 ex 2204

Barbara Nunez
Health Aide-Indian Oasis Elementary
520-719-1230 ex 3303

Tonweya Narcho
Health Aide-Secondary Campus
520-719-1250 ex 4022

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