



STERLING HIGH SCHOOL

HOME OF THE SILVER KNIGHTS

501 S. WARWICK ROAD
SOMERDALE, NJ 08083



Dear Parent/Guardian,

In accordance with N.J.S.A. 18A: 40-12.35, the parent of a student with epilepsy or seizure disorder seeking epilepsy or seizure disorder care while at school shall submit the student’s **Seizure Action Plan Annually** to the school nurse.

The school nurse shall develop an individual health care plan and individual emergency health care plan for the student, provided the parent **annually provides the board written authorization** for the provision of epilepsy or seizure disorder care.

Please sign and return to the school nurse at the beginning of each school year.

I, the parent of _____, authorize the school nurse to develop an individual health care plan and individual emergency health care plan for the provision of epilepsy or seizure disorder care.

Parent/Guardian Signature _____

Date _____

Thank you,
Sterling High School Health Office
(856)784-1333, ext. 4239 or press the prompt for the nurse
Nurse Fax: (856)566-4195