

**HASBROUCK HEIGHTS PUBLIC SCHOOL  
SCHOOL HEALTH SERVICES**

**SEIZURE PACK**

**TO BE COMPLETED BY THE PARENT & DOCTOR**

**Physician's Order for Medication**

**Seizure Action Plan**

**TO BE COMPLETED BY THE PARENTS**

**Questionnaire for Parents of a Student with Seizures  
Health History Form  
Authorization to Exchange**

*Updated 6/15/10*