



PARENT REQUEST AND CONSENT  
FOR  
EPILEPSY INTERVENTIONS

Student's Name: \_\_\_\_\_ O.E.N: \_\_\_\_\_

Birthdate: \_\_\_\_\_ School: \_\_\_\_\_  
(Year/Month/Day)

Address: \_\_\_\_\_  
(Street) (City) (Postal Code)

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I/We \_\_\_\_\_ / \_\_\_\_\_,

the parents/guardians of \_\_\_\_\_ understand that:  
(Name of Student)

- the principal, teachers and other school staff are not health care professionals and have no more information about the medical condition of my/our child than that which has been provided to them in writing by myself/ourselves or by my/our child's doctor. They are not experts in recognizing the symptoms of my/our child's medical condition or in treating it;
- to the extent possible, my/our child has been trained by me/us and by health care professionals, to recognize her/his own need for intervention/medication and to respond to the need by requesting intervention or by self-administering the appropriate medication;
- where feasible, my/our child is responsible for the necessary medication to address the epileptic condition;
- I/we are responsible for ensuring that –
  - all medical updates/changes or emergency information will be provided for the school staff immediately;
  - the teacher will be instructed concerning the incidents relating to seizures about which I/we wish to be informed.

- The specific incidents related to seizures about which I/we would like to be informed are:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In the event of an emergency (a seizure lasting more than 5 minutes), I/we authorize the school staff to obtain emergency services and to authorize such emergency treatments as are necessary. I/We agree to assume responsibility for all costs associated with the medical intervention.

I/We give permission to the school staff to post the Individual Epilepsy Action Plan, with a picture of my/our child, in appropriate locations within the school.

I/We have reviewed and agree to the Epilepsy Management Plan for my/our child.

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_  
(Year) (Month) (Day)