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Notice of Required Individual Seizure Action Plan (ISAP)

You have indicated that your student experiences seizures or has been diagnosed with epilepsy. Pursuant to **Florida Statutes s. 1006.0626(2)(b), F.S.**, an Individual Seizure Action Plan is required to be on file for your student before the 2023-2024 school year begins.

An Individual Seizure Action Plan (ISAP) must be developed by a medical professional in consultation with parents and signed by both parties. This action plan must include specified information such as recommended care, symptoms, accommodations, prescribed rescue medication, and contact information for medical assistance. The ISAP will remain in effect until a parent submits a revised plan.

Once we have received the ISAP, necessary school personnel will be notified of the unique health care services required by the student and how to respond in emergency situations. School personnel include staff who have regular contact with a student who has an ISAP and the school nurse or trained staff at in-person testing locations. The notification of the active ISAP will include the student's condition, information from the ISAP on how to provide the recommended care if the symptoms of their seizures are present, and parental and emergency contact information.

Once you and your health care provider have created an ISAP, please send it to Allie Bokuniewicz, Student Health and Wellness Coordinator, at abokuniewicz@flvs.net. It will go into effect once received.

You may exercise your parental right to decline having an ISAP on file for your student. If you decline submitting an ISAP, please sign this form and send it to Allie Bokuniewicz, Student Health and Wellness Coordinator, at abokuniewicz@flvs.net. Please note that if your student were to experience a seizure around school personnel, 911 and emergency services will be contacted.

I decline submitting an Individual Seizure Action Plan and acknowledge the steps staff will take should my student experience a seizure around school personnel.

Signature of parent/legal guardian

Date

Printed Name of parent/legal guardian

Preferred Contact Number

Student Name

Grade Level

