## McKinney Independent School District School Health Services Individualized Health Plan, Seizure

Photo	

			Date of Birt	th:	
Grade:	Student ID#:		Homeroom Teacher:		
How does your child get	to/from school? Car	Walk	Bus	Other	
Parent(s)/Guardian(s):					
Other Emergency Contact			R	elationship:	
Home:	Cell			Work:	

Date of Seizure Diagnosis: