



Seizure Type: School Year

Student legal last name			First name			MI			
Birth date	Scho	ool		Grade	Other ID#				
Transportation:	☐ Walker	Self Transpor	ted 🔲 Bus Rider	Bus Route Number					
Parent/Guardian Information									
Parent/Guardian				Primary phone	-	-			
Work phone	-	-		Cell phone	-	-			
Parent/Guardian				Primary phone	-	-			
Work phone	-	-		Cell phone	-	-			
Healthcare Provider and Hospital Information									
Healthcare provider name	e			Phone	-	-			
Preferred Hospital				Phone	-	-			
Health Concern:									
Vagus Nerve Stimulator Current Medications	☐ Yes	☐ No							
Rescue and Maintenance	e								
Seizure History									
Triggers									
Special precautions/inst	ruction								
Medication Orders  (To be completed by your healthcare provider)									
Medication Name				Dose	When				
☐ No medication at sch	ool needed								
Healthcare Pro	ovider Signatu	ıre	_	_	Date -				
Healthcare Provider's Na	ame		Phone		Fax				

Emergency Intervention Plan								
Seizure Observed	Immediate Response							
Grand Mal (Tonic-Clonic) Muscles tense, body becomes rigid, followed by a temporary loss of consciousness and shaking throughout entire body - Usually lasts between 2-5 minutes.	Follow Licensed Health Care Provider's order-When to Call 911 Stay calm and track time Keep child safe, clear the area Protect the student's head Do not restrain the student Do not put anything in mouth Turn student on their side Keep airway open and watch breathing Stay with student until they are fully conscious							
Seizure is an emergency when Grand Mal (Tonic-Clonic) seizure lasts more than 5 minutes Repeated seizures without regaining consciousness Student is injured or has diabetes Student has a first-time seizure Student has breathing difficulties Diastat has been administered	CALL 911 CALL Parents							
Petit Mal Seizure Student will have starting spells May drop object(s) or may stumble momentarily Usually lasts between 2-5 minutes	Stay calm and track time No First Aid is needed unless seizure becomes convulsive or student is injured Keep child safe Stay with student until seizure ends Notify the parent							
Psychomotor Seizure Some degree of impairment of consciousness May be accompanied by automatic movements like lip smacking, roaming and non-goal oriented activity May last several seconds or minutes	Stay calm and track time No First Aid is needed unless seizure becomes convulsive or student is injured Keep child safe Stay with student until seizure ends Notify the parent							

## **Additional Student Information**

Classroom Accommodations - Modifications

<sup>\*</sup>Report concerns to parent/guardian for healthcare provider follow-up\*

Emergency Contacts										
Name	Phone	-	-		Relationship					
Name	Phone	-	-		Relationship					
Name	Phone	-	-		Relationship					
Parent/Guardian Signature				Date _						
School Nurse Signature				Date _						
Healthcare Provider Signature				Date _						

A copy of this plan will be kept in the school health room and the information will be shared with others who will need to know to maintain the child's health and safety.

## CONFIDENTIAL INFORMATION/SHRED PRIOR TO DISCARDING