



SEIZURE HEALTH CARE PLAN

STUDENT INFORMATION

Student's Name: _____ Date of Birth: _____

School: _____ Grade: _____ Teacher: _____ Room: _____

Parent/Guardian: _____ Home Phone: _____

Address: _____ Work/Cell Phone: _____

Parent/Guardian: _____ Home Phone: _____

Address (if different): _____ Work/Cell Phone: _____

OTHER EMERGENCY CONTACTS:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Treating Physician: _____ Clinic: _____ Phone: _____

SEIZURE INFORMATION:

Age of Onset: _____

▪ Types of seizures usually seen: (check all that apply)

- Tonic-clonic (grand mal) Simple Absence (petit mal)
- Myoclonic (minor motor) Febrile (fevers)
- Astatic (drop) Partial onset-- generalized
- Complex with preceding aura _____
- Other _____

▪ Status Epilepticus: Yes No If yes, last occurrence: _____

▪ Date of last seizure: _____

▪ **Usual signs and symptoms: (Check all that apply)**

- Sensory or mental aura Purposeless movement Loss of awareness
- Loss of consciousness Fluttering eyelids Loss of control
- Falls down Change in learning performance Confusion
- Muscle rigidity (tonic phase) Rhythmic convulsions Headache (after)
- Twitching/jerking of body parts Repeating acts/movements Drowsy/sleepy
- Blank stare Aimless wandering
- Other: _____

▪ **Known triggers for seizures:**

- Bright lights Fatigue Stress Loud noises Fever
- Hunger Other: _____

DAILY MANAGEMENT PLAN WHILE IN SCHOOL

Activity Restrictions: _____

Special Equipment Requirements: _____

Special Diet: _____

Daily Medications: (Name, dose, route, time given)

List Side Effects (if any):

- _____
- _____
- _____

- _____
- _____
- _____

BASIC SEIZURE FIRST AID PLAN:

- ✓ Stay calm and track time
- ✓ Keep child safe
- ✓ Do not restrain
- ✓ Do not put anything in mouth
- ✓ Stay with child until fully conscious
- ✓ Record seizure in log

For tonic-clonic seizure:

- ✓ Protect head
- ✓ Keep airway open/watch breathing
- ✓ Turn child on side

A SEIZURE IS GENERALLY CONSIDERED AN EMERGENCY WHEN:

- ✓ Convulsive (tonic-clonic) seizure lasts more than 5 minutes.
- ✓ Student has repeated seizures without regaining consciousness.
- ✓ Student is injured or has diabetes.
- ✓ Student has first-time seizure
- ✓ Student has breathing difficulties.
- ✓ Student has seizure in water.

▪ **NUMBER THE EMERGENCY ACTIONS IN ORDER TO BE FOLLOWED:**

- ___ Call parent/guardian
- ___ Call doctor
- ___ Call 911: Instruct transport to _____ Hospital.
- ___ Emergency medication:
 - Medication: _____
 - Dose: _____
 - Route: _____
 - May medication be repeated? Yes No When? _____

▪ **FOR ALL SEIZURES DOCUMENT THE FOLLOWING:**

- ✓ What happened before, during, and after the seizure
- ✓ Time seizure started
- ✓ Length of seizure
- ✓ What parts of body were involved and how

- We ask you to complete this form at the beginning of every school year to ensure that we have the most current information on your child.
- The school district intends to use the requested information to provide for child's health and safety while at school.
- The information you provide will be shared only with staff in the school district whose jobs require access to this information to ensure your child's safety.
- If we are unable to reach you or your designee during an emergency, we will call 911 for assistance if needed.

I give permission for the school health services staff to consult with my child's physician about questions regarding the listed medication/medical condition

School Nurse: _____
 Parent/Guardian: _____
 Physician: _____

Date: _____
 Date: _____
 Date: _____