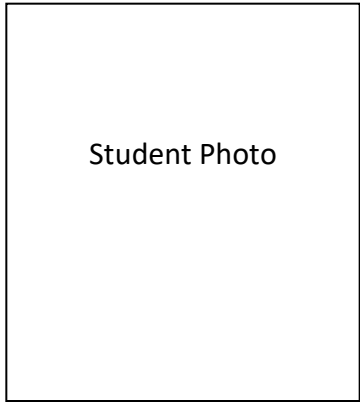




SEIZURE PLAN OF CARE

for

Student Photo



Student Name _____

Grade/Class _____

Teacher(s): _____

School Care Team (min 2 staff): _____

Has an emergency medication been prescribed? NO YES

If yes, attach the emergency medication plan, detailed in the Request for School Personnel to Administer Prescribed Medication Form.

SAFE STORAGE:

One dose of the emergency medication will be kept in close proximity to the student at all times. This dose will be securely stored in the following location:

Classroom Student's Back Pack Other: _____

Student's second dose of emergency medication is located: _____

KNOWN SEIZURE TRIGGER(S) (select all that apply):

- Stress menstrual cycle inactivity changes in diet
- lack of sleep fever or illness changes in weather
- electronic stimulation (TV, video, florescent lights)
- other: _____

Other medical conditions and/or allergies? _____

BASIC SEIZURE FIRST AID

- | | |
|---|--|
| <ul style="list-style-type: none"> • Keep calm. Track the time and duration of the seizure. • Keep the student safe. Protect the student's head. • Do not restrain or interfere with the student's movements. Roll the individual onto their side as soon as possible. | <ul style="list-style-type: none"> • Clear the area. • Administer emergency medication as outlined in the student's Seizure Plan of Care. • DO NOT place anything in the person's mouth. • Monitor breathing. • Stay with the student until fully conscious, talking with them calmly until re-oriented; allow them to rest before returning to regular activities. |
|---|--|

Other first aid procedure(s): _____

Does the student need to leave the room after a seizure?

NO

YES – LOCATION: _____

If yes, describe process for returning student to the classroom: _____

SEIZURE MANAGEMENT PROCEDURES

TYPE (tonic-clonic, absence, simple partial, atonic, myoclonic, epileptic spasms)	DESCRIPTION (frequency, duration, key characteristics, sensory signs, trigger)	ACTIONS (risks to be mitigated, trigger avoidance, actions to take during and following a seizure, duties of School Care Team, emergency medication)	SCHOOL CARE TEAM (who on the team will complete action)

SEIZURE EMERGENCY PROCEDURES

1. CALL 9-1-1 when:

- _____
- _____
- _____

2. Notify parent or emergency contact.

EMERGENCY CONTACTS (LIST IN PRIORITY)

NAME	RELATIONSHIP	DAYTIME PHONE	ALTERNATE PHONE

