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# Seizure Emergency Care Plan

School Year \_\_\_\_\_

Student legal last name \_\_\_\_\_ First name \_\_\_\_\_ MI \_\_\_\_\_

Birth date \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_ Other ID# \_\_\_\_\_

Transportation:  Walker  Self Transported  Bus Rider Bus/Route Number \_\_\_\_\_

### Parent/Guardian Information

Parent/Guardian \_\_\_\_\_ Primary phone \_\_\_\_\_

Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Primary phone \_\_\_\_\_

Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

### Physician and Hospital Information

Physician Name \_\_\_\_\_ Phone \_\_\_\_\_

Preferred Hospital \_\_\_\_\_ Phone \_\_\_\_\_

### Health Concern:

Vagus Nerve Stimulator  Yes  No

Current Medications

Rescue and Maintenance

Seizure History

Triggers

Special precautions/instruction

### Medication Orders

*(To be completed by your healthcare provider)*

Medication Name  Dose  When

No medication at school needed

Date

\_\_\_\_\_  
*Physician's Signature*

Physician's Name

Phone

Fax

### Emergency Intervention Plan

Seizure Observed	Immediate Response
<b>Grand Mal (Tonic-Clonic)</b> 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
<b>Seizure is an emergency when</b> 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	<b>CALL 911</b> CALL Parents
<b>Petit Mal Seizure</b> 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
<b>Psychomotor Seizure</b> Some degree of impairment of consciousness May be accompanied by automatic movements like lip smacking, roaming and <u>non-goal oriented activity</u> 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

\*Report concerns to parent/guardian for physician follow-up\*

### Emergency Contacts

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

School Nurse Signature \_\_\_\_\_ Date \_\_\_\_\_

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

***A copy of this plan will be kept in the school office and copies will be given to:***

- Para educator  
  Transportation  
  Teacher  
  PE Teacher  
  Student Services  
  Health Room  
  Secretary-Principal

Other \_\_\_\_\_

**CONFIDENTIAL INFORMATION/SHRED PRIOR TO DISCARDING**