

To complete this form electronically,
it must be opened in *Adobe Reader!*

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 _____

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 |

Additional Student Information _____

| Seizure Observed | Immediate Response |
|---|--|
| 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 Student has a seizure in water 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 |

Additional Student Information _____

| | |
|--|--|
| 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

Report concerns to parent/guardian for physician follow-up

504 Consent

- I DO ACCEPT this accommodation plan. I am aware that there will be an annual review of plan and periodic evaluations (at least every three (3) years). I have received a copy of Section 504 Parent/Student Rights in Identification, Evaluation, and Placement.
- I DO NOT ACCEPT this accommodation plan. I am aware that there will be an annual review of plan and periodic evaluations (at least every three (3) years). I have received a copy of Section 504 Parent/Student Rights in Identification, Evaluation, and Placement.

Emergency Contacts

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Parent/Guardian Signature _____ ****Original signature required! Please print and sign.****
(This notation will not print.) Date _____

School Nurse Signature _____ ****Original signature required! Please print and sign.****
(This notation will not print.) Date _____

Physician Signature _____ ****Original signature required! Please print and sign.****
(This notation will not print.) 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