



RANKIN COUNTY SCHOOL DISTRICT SCHOOL SEIZURES / EPILEPSY HEALTH PLAN 2024-2025

DATE RECEIVED [] / [] / []

TO BE COMPLETED BY PARENT OR GUARDIAN

Name [] Age [] Date of Birth []
School [] Teacher [] Grade []
Emergency Contact Name [] Phone []

My student will require medication at school for SEIZURES/EPILEPSY Yes No

**If no, parent/guardian will be contacted for any concerns regarding seizure/pre-seizure activity.*

TO BE COMPLETED BY PHYSICIAN OR LICENSED PRACTITIONER

1. Is this student diagnosed with Epilepsy? Yes No DATE OF LAST SEIZURE: []
2. Type of seizure: Absence Simple / Complex Focal Tonic Clonic / Grand Mal
3. Known seizure symptoms []
4. Known seizure triggers []
5. Does this student take any medications for seizures? Yes No

MEDICATION 1 [] Dose []
Diagnosis [] Route []
Times/frequency []
Indication for administration []

MEDICATION 2 [] Dose []
Diagnosis [] Route []
Times/frequency []
Indication for administration []

Indication for administration []
Prescriber Name & Title (Print) [] Phone []
Physician Signature [] Date []

***** If additional medication is need please use a medication consent form to provide all information.*

6. Has the student been trained on self administration? Yes No

TO BE COMPLETED BY THE SCHOOL WITH PARENT/GUARDIAN

STUDENT/GUARDIAN WILL:

1. Student/guardian agrees to avoid known seizure triggers.
2. Student will take all prescribed medications as prescribed and follow up with healthcare provider as appropriate.
3. Alert school staff immediately of any signs/symptoms of a seizure.

SCHOOL WILL:

1. Notify administration when the seizure begins, record the time and description of seizure activity.
2. Keep the student safe by moving any objects away that could harm them and ease the student to the floor wherever the seizure occurs.
3. Ensure the student is not held down or restricted in movement and nothing is placed in student's mouth.
4. Administer medications per health plan approved by healthcare provider.
5. Call 911 if seizure activity lasts longer than 5 minutes or emergency medications are given.
6. Contact parent/guardian immediately.

[]
Parent/Guardian - Name (Print)

[]
Parent/Guardian - Signature

[]
School Representative - Name (Print)

[]
School Representative - Signature