

Dear Parents:

Re: School Seizure Action Plan:

We understand that your child _____ has a history of seizures.

This condition can be serious and may require emergency treatment while at school. It is important that the school has up-to-date information about the management of your child's seizures.

Complete the attached School Seizure Action Plan (in consultation with your child's medical practitioner). The school reserves the right to call an ambulance if your child's condition becomes unstable.

Please help us to responsibly care for your child while at school by completing, signing, and returning this Seizure Action Plan as soon as possible.

Thank you for your cooperation in this matter.

Yours sincerely,

The AAS Medical Staff

AAS SEIZURE ACTION PLAN

STUDENT: _____ Date of Birth: ____/____/____ Grade: _____

Emergency Contact: 1) _____ Phone # _____

_____ 2) _____ Phone # _____

Health Care Provider: _____ Phone # _____

STUDENT'S TYPE(S) OF SEIZURES:

General Seizure

- _Generalized Tonic Clonic Seizures (Grand Mal)
- _Myoclonic Seizure
- _Atonic Seizure (Drop Attacks)
- _Absence Seizure (Petit Mal)

Partial Seizure

- _Simple Partial
- _Complex Partial

Other: _____

WHAT TO DO:

First aid for Generalized Tonic/Clonic Seizures (Grand Mal Seizures):

- 1. Remain Calm!**
- 2. Prevent Injury**
 - Support, protect and cushion the student's head.
 - Ease to floor if in a chair.
 - Loosen constrictive clothing.
 - Do not put anything into student's mouth.
 - Provide privacy – remain with the student.
 - If possible turn the student on the side to keep saliva from choking student.
- 3. Do not restrain.**
- 4. If student loses control of bowel or bladder during the seizure – get clean clothing (remember to wear gloves when coming in contact with body fluids).**

5. If the seizure lasts longer than five minutes, is followed immediately by another seizure, if breathing stops (begin CPR while waiting for ambulance) or if student has been injured, call ambulance.
6. Notify parent and school medical staff if not already done.
7. After the seizure, place student in the recovery position if no further injury has occurred and the paramedics have not arrived in summoned.
8. Parents will be called anytime staff perceives that student is in distress, regardless of the seizure's length of time.
9. Record incident, action taken, in student's health record.

SPECIAL CONSIDERATIONS:

_____ I understand that treatment will be carried out as described above.

Parent Signature _____ **Date**

TEACHER NOTE: Provide information to substitute teachers. Take this form along with Field Trip First Aid Kit on all outings.