



Rankin County  
School District

TRADITION OF EXCELLENCE

# RANKIN COUNTY SCHOOL DISTRICT SCHOOL HEALTH CARE PLAN: SEIZURES / EPILEPSY

Name \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

School: \_\_\_\_\_ Teacher: \_\_\_\_\_

Parent / Guardian: \_\_\_\_\_ Contact #: \_\_\_\_\_

Physician: \_\_\_\_\_ Contact #: \_\_\_\_\_

1. Type of seizure:

Absence     Simple / Complex Focal     Tonic Clonic / Grand Mal

2. Describe the seizure activity:

\_\_\_\_\_  
\_\_\_\_\_

3. Please list anything specific that triggers the seizure:

\_\_\_\_\_

4. Please list current daily medications:

\_\_\_\_\_

5. Please list any medications that are used in an emergency situation:

\_\_\_\_\_

### THE FOLLOWING INTERVENTIONS MUST BE FOLLOWED IN THE EVENT A SEIZURE OCCURS AT SCHOOL

- |  |   |
|--|---|
| <ol style="list-style-type: none"> <li>1. Keep the student safe by moving any objects away from the child that could harm them, ease the student to the floor wherever the seizure occurs, <b>DO NOT put anything in the student's mouth, and do not hold the student down.</b></li> <li>2. Notify principal / guardian when the seizure begins.</li> <li>3. Observe the seizure and document the time the seizure began, how long it lasts, and what the seizure activity looked like.</li> <li>4. Administer emergency medication if ordered by physician / licensed practitioner. 911 must be contacted if emergency</li> </ol> | <ol style="list-style-type: none"> <li>medications are given.</li> <li>5. If a seizure lasts longer than 5 minutes call 911.</li> <li>6. Students that have seizures may need instructions repeated and / or given extra time on assignments.</li> <li>7. Encourage acceptance with other students by re-enforcing to other students that epilepsy is not contagious and that any teasing or bullying will not be allowed.</li> <li>8. Special transportation arrangements to and from school can be arranged if needed.</li> </ol> |
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### SCHOOL STAFF MEMBERS LISTED BELOW HAVE BEEN INSTRUCTED ON WHAT ACTIONS TO TAKE IN THE EVENT OF A SEIZURE:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_