

## Owatonna Public Schools Seizure Disorder/Epilepsy Care Plan

### Student Information:

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Grade: \_\_\_\_\_ Homeroom Teacher or Class: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Tel: (#1) \_\_\_\_\_ (#2) \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Tel: (#1) \_\_\_\_\_ (#2) \_\_\_\_\_

Other Emergency Contact: \_\_\_\_\_ Tel: (#1) \_\_\_\_\_ (#2) \_\_\_\_\_

Child's Primary Care Dr.: \_\_\_\_\_ Tel: \_\_\_\_\_ Location: \_\_\_\_\_

Child's Neurologist: \_\_\_\_\_ Tel: \_\_\_\_\_ Location: \_\_\_\_\_

### Seizure Information:

<i>Seizure Type</i>	<i>Length</i>	<i>Frequency</i>	<i>Description</i>

When was your child diagnosed with seizure disorder/epilepsy? \_\_\_\_\_

How often does your child have a seizure? \_\_\_\_\_

Has there been any recent changes in your child's seizure patterns?    YES    NO

If YES, please explain: \_\_\_\_\_

How do other illnesses affect your child's seizure control? \_\_\_\_\_

Seizure triggers or warning signs: \_\_\_\_\_

Response after a seizure: \_\_\_\_\_

Date of last known seizure: \_\_\_\_\_

Medication your child takes at home for seizures: \_\_\_\_\_

Will seizure emergency medication be part of your child's plan?    YES    NO    (MD order required)

Special Considerations and Precautions (ex. physical education, recess, field trips):  
\_\_\_\_\_  
\_\_\_\_\_



## Basic First Aid/Emergency Response:

<p><b>Basic Seizure First Aid</b></p> <ul style="list-style-type: none"> <li>● <u>  </u> Stay calm &amp; track time</li> <li>● <u>  </u> Keep person safe</li> <li>● <u>  </u> Do not restrain</li> <li>● <u>  </u> Do not put anything in mouth</li> <li>● <u>  </u> Stay with person until fully conscious</li> <li>● <u>  </u> Record seizure in log</li> </ul> <p><b>For tonic-clonic (grand mal) seizure:</b></p> <ul style="list-style-type: none"> <li>● <u>  </u> Protect head</li> <li>● <u>  </u> Keep airway open/watch breathing</li> <li>● <u>  </u> Turn person on side</li> </ul>	<p><b><u>A seizure is generally considered an emergency when:</u></b></p> <ul style="list-style-type: none"> <li>● Convulsive (tonic-clonic) seizure lasts longer than 5 minutes*</li> <li>● Student has repeated seizures without regaining consciousness</li> <li>● Student is injured or has diabetes</li> <li>● Student has a first-time seizure</li> <li>● Student has breathing difficulties</li> <li>● Student has a seizure in water</li> </ul>
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\*Unless otherwise specified in the seizure plan, the school district’s first aid guidelines indicates if a seizure lasts longer than 2 minutes or if in the judgement of school personnel a medical emergency exists, 911 will be called.

A “Seizure Emergency” for this student is defined as:

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### Seizure Emergency Protocol

- Contact school health office
- Call 911 if seizure longer than \_\_\_\_\_ minutes
- Nurse will administer emergency medication as ordered
  - If nurse not present, follow first aid guidelines and call 911
- Notify parent or emergency contact
- Other \_\_\_\_\_

### Parent/Guardian Authorization

1. I understand that this plan may be shared with school staff working directly with my child.
2. I will contact the health office if a change in the current plan is indicated.
3. I authorize health services and the physician to exchange information related to my child’s seizure condition.
4. I understand if my child rides the school bus and/or participates in before or after school activities, it is my responsibility to inform the staff/bus company of my child’s seizure condition.

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

Reviewed by Health Office: \_\_\_\_\_ Date: \_\_\_\_\_