

Sauk Rapids-Rice School Plan For Students With Seizures

Student Information

Name: _____ Date of Birth: _____

School: _____ Grade: _____ Teacher: _____

Contacts

Parent/Guardian: _____ Home Phone: _____

Parent Work #: _____ Cell/Pager: _____

Health Care Provider/Clinic: _____ Clinic Phone: _____

Medication(s)

Name: _____ Dose: _____ Frequency: _____

Name: _____ Dose: _____ Frequency: _____

Seizure Information

Month/year of last observed seizure activity: _____

of seizures your child has had in the last year: _____

Length of a typical seizure: _____

Has your child ever required transport to a hospital or hospitalization related to a seizure? _____

Describe seizure activity and parts of body involved: _____

(over)

Please discuss the following with your child’s health care provider:

Participation Clearance For:	Yes	No	Comments
Playground equipment			
Swimming			
Contact Sports			
Operation of power machinery			
Strobe/flash lighting			

Other modifications or emergency procedures to be in place during school. Please be specific: _____

School Emergency Plan of Care for Seizures:

1. Health Services/School staff will call 911 if:
 - ◊ Parents of students with known history of seizures have requested
 - ◊ The student has no known history of seizures
 - ◊ The seizure seems to go from one seizure into another
 - ◊ The seizure lasts longer than 5 minutes (unless other guidelines are approved)
 - ◊ An injury occurs to the student while having a seizure
 - ◊ Seizure occurred in the water (pool)
 - ◊ Student is pregnant

2. Parents will be notified of all seizure episodes.

I give the ISD #47 Licensed School Nurse permission to consult (both verbally and in writing) with the above named student’s health care provider regarding any questions that arise about the medical condition and/or medications, treatments, procedures being used to treat the condition.

Parent Signature:	Date:
Health Care Provider:	Date:
School Nurse:	Date:
Health Associate:	Date:

The above information will be used for planning and may be shared with school staff involved with this student.