PARENT/GUARDIAN SECTION

ADDITIONAL EMERGENCY CONTACTS

1.	Relationship:	Phone:
2.	Relationship:	Phone:

- I request this treatment plan and/or medication to be given as ordered by the licensed health professional (i.e.: doctor)
- I give school health services staff permission to communicate with the medical office about this treatment plan and/or medication.
- I understand that if ordered, diastat rectal medication or intranasal midazolam can only be given by a licensed nurse and will not be given by non-licensed school staff.
- Medical information may be shared with school staff working with my child and 911 staff, if they are called.
- All medication supplied must come in its originally provided container with instructions as noted above by the licensed health professional.
- A new Seizure Action Plan/Emergency Care Plan (ECP) for Seizures must be submitted every school year.
- I understand that if any changes are needed on the ECP, it is the parent/guardian's responsibility to contact the school nurse.
- It is the parent/guardian's responsibility to alert all other school programs of their child's health condition, such as clubs/sports/field trips, etc.
- *My signature below shows I have reviewed and agree with this Seizure Action Plan/Emergency Care Plan.*

Parent/Guardian Signature **Date**

THIS SECTION BELOW TO BE FILLED BY THE SCHOOL NURSE

School Nurse: Phone: Cell Phone:

The following school staff are trained regarding this care plan

1. Date: 2. Date:

3. Date: 4. Date:

Seizure Activity Log

Date	Time	Duration	Description	Action	Initials

Reviewed by School Nurse (Signature) Date

Health Plan and Medication (if prescribed) must accompany student on any field trip or school activity.
Keep plan readily available for Substitutes.
Attention Bus Drivers: To Activate Emergency Procedures-Pull Over, Call Dispatch to Call 91

SECCIÓN DEL PADRE / TUTOR

CONTACTOS DE EMERGENCIA ADICIONALES

1.	Relación:	Teléfono:
2.	Relación:	Teléfono:

- Solicito que este plan de tratamiento y/o medicamentos sea administrado según lo indicado por el profesional de salud con licencia (i.e.: médico)
- Autorizo al personal de servicios de salud escolar comunicarse con la oficina médica sobre este plan de tratamiento y/o medicamentos.
- Entiendo que si se ordena, el medicamento rectal diastat o el midazolam intranasal solamente pueden ser administrados por una enfermera con licencia y no se administrarán por el personal escolar sin licencia.
- La información médica puede compartirse con el personal escolar que trabaja con mi hijo/a y el personal del 911, si los llaman.
- Todos los medicamentos suministrados deben llegar en sus envases proporcionados originalmente con las instrucciones de un profesional de salud licenciado según se indicó anteriormente.
- Un nuevo Plan de Acción para Convulsiones / Plan de Atención para Emergencias de Convulsiones (ECP, por su sigla en inglés) debe presentarse cada año escolar.
- Entiendo que si se necesitan hacer cambios al ECP, es la responsabilidad del padre / la madre / tutor de comunicarse con la enfermera escolar.
- Es la responsabilidad del padre / la madre / tutor de avisar a todos los demás programas escolares sobre la condición de salud de su hijo/a, como por ejemplo los clubes / deportes / excursiones, etc.
- *Mi firma abajo demuestra que yo he revisado y estoy de acuerdo con este Plan de Acción para Convulsiones / Plan de Atención para Emergencias.*

Firma del padre / la madre / tutor **Fecha**

THIS SECTION BELOW TO BE FILLED BY THE SCHOOL NURSE

School Nurse: _____ Phone: _____ Cell Phone: _____

The following school staff are trained regarding this care plan

1. _____ Date: _____ 2. _____ Date: _____

3. _____ Date: _____ 4. _____ Date: _____

Seizure Activity Log

Date	Time	Duration	Description	Action	Initials

Reviewed by School Nurse (Signature) Date

Health Plan and Medication (if prescribed) must accompany student on any field trip or school activity.
Keep plan readily available for Substitutes.
Attention Bus Drivers: To Activate Emergency Procedures-Pull Over, Call Dispatch to Call 911