

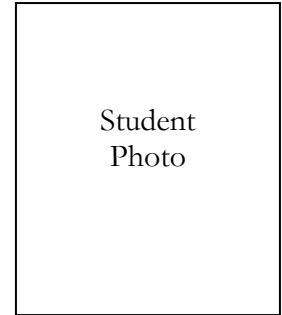
Emergency Care Plan

SEIZURE DISORDER

Student: _____ Grade: ___ School Contact: _____ DOB: _____
Mother: _____ Home #: _____ Work #: _____ Cell #: _____
Father: _____ Home #: _____ Work #: _____ Cell #: _____
Emergency Contact: _____ Relationship: _____ Phone: _____

SYMPTOMS OF A SEIZURE EPISODE MAY INCLUDE ANY/ALL OF THESE:

- Tonic-Clonic Seizure:
 - Entire body stiffens, jerking movements
 - May cry out, turn bluish, be tired afterwards
- Absence Seizure:
 - Staring spell, may blink eyes



STAFF MEMBERS INSTRUCTED: Classroom Teacher(s) Special Area Teacher(s)
 Administration Support Staff Transportation Staff

TREATMENT:

Clear the area around the student to avoid injury.

DO NOT PUT ANYTHING IN THE STUDENT'S MOUTH

Place student on side if possible, speak to student in reassuring tone Stay with student until help arrives

- Emergency Medical Services (911) should be called, student transported to hospital
Preferred Hospital if transported: _____
- Emergency medication to be given by Nurse at onset of seizure
- Student should be allowed to rest following seizure, call parent

Transportation Plan: Medication available on bus Medication NOT available on bus Does not ride bus

Special instructions: _____

Healthcare Provider: _____ Phone: _____

Written by: _____ Date: _____

Copy provided to Parent

Copy sent to Healthcare Provider

Parent/Guardian Signature to share this plan with Provider and School Staff: _____

This plan is in effect for the current school year and summer school as needed.

Revised 3/18