

**SEIZURE EMERGENCY ACTION PLAN
LAKE LOCAL SCHOOL DISTRICT**

Student's Name: _____ Date of Birth: _____
Grade: _____ Home Room Teacher: _____

What does a "typical" seizure for your child look like, and how long does it last? _____

Seizure triggers or warning signs: _____

Name of Medication taken	Dose	Times Taken
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

BASIC FIRST AID FOR SEIZURES

Most seizures end without harm after 1 or 2 minutes.

- | | |
|--|---|
| 1. Remain calm | 7. Turn on side and keep airway clear |
| 2. Note the time that the seizure began | 8. Move things away that could cause injury |
| 3. Stay with the student | 9. Don't put anything in mouth |
| 4. Contact office immediately to notify parent | 10. Don't hold down |
| 5. Cushion head, remove glasses | 11. Note time seizure ended |
| 6. Loosen tight clothing | |

After the seizure:

- ★ Child may need to be cleaned up as he/she may have soiled his/her pants or vomited.
- ★ The child may be very tired and sleepy and may complain of a headache.
- ★ The child will need to be directly observed until the parents arrive to take him/her home.
- ★ Record observations of the seizure activity on student's green health card.

Basic first aid for seizures will be provided to the student unless a seizure emergency has been identified.

SEIZURE EMERGENCY RESPONSE

A seizure is generally considered an Emergency when:

1. A convulsive seizure lasts longer than 5 minutes
2. Student has repeated seizures without regaining consciousness
3. Student is injured or has diabetes
4. Student has breathing difficulties
5. Student has a first time seizure

A "seizure emergency" for this student is defined as: _____

Seizure Emergency Protocol for this student: *(check all that apply)*

- Call 911 for transport to _____
- Notify parent or emergency contact
- Administer emergency medication(s): _____

***Signed medication authorization form must be on file before any med can be given!

Comments/Special instructions: _____

Physician's Signature (required)

Physician's Printed Name

Date

Physician's Address

Physician's Phone Number in case of emergency

I authorize school personnel to implement this management and emergency plan as described above.

Parent/Guardian Signature

Date

Phone Numbers (Home/Work/Cell) in case of emergency

**LAKE LOCAL SCHOOL DISTRICT
PRESCRIPTION Medication Request Form**

Under provisions of the Ohio Revised Code, all public schools require the following information when children require administration of prescription drugs. Please complete the following information and return to the school.

Student Last Name		First	Middle	
Student Address				
Building	School Year	Grade	Date of Birth	
Name of Medication			Dosage/Administration Instructions	
Administration of medication to BEGIN			Administration of medication to END	
Significant side effect (adverse reactions) which should be reported to the physician:				
Special instructions for administration of the drug, include sterile conditions and storage:				
Physician's SIGNATURE		PRINT Physician's Name	Physician's EMERGENCY Phone Number	

With full knowledge of any emergencies, dangers, and risks related to the administration of such medication by the Lake Local Schools employees, officers, or agents, we, the undersigned, hereby waive all claims which might arise from said administration of medication to said minor child. We hereby assume full responsibility for the administration of such medication to said minor child and the results thereof. We agree to indemnify and hold harmless Lake Local School District, Lake Local Board of Education, its members, offers, employees, and agents from any and all liability relative to the administration of such medication.

- 1. There must be written notification to the school if there is any change in the physician's medication order.**
- 2. Medication must be in the original container as dispensed by the physician or pharmacy.**
- 3. It is advised that the medication form and medication be brought to the school by the parent/guardian.**
- 4. The student must assume responsibility for presenting him or herself for the medication at the appropriate time.**
- 5. Parents hereby authorize school personnel to communicate with the pharmacist or physician to clarify order information and communicate student progress.**
- 6. It is the responsibility of the parent/guardian to retrieve any remaining medication at the end of the administration period (or school year). Any unclaimed medication will be disposed of prior to the next school year.**

Parent/Guardian Signature Date Phone Numbers (Home/Work/Cell)