

1055 Eaton Drive
Ft. Wright, KY 41015

TO: Parent/Guardian of: _____
Date of Birth: _____
Grade: _____ at _____ School

Information provided to school indicates your student has a **seizure disorder**. It is important to annually update additional health information should your student require assistance at school. **Please complete this form and return it to the school nurse so an action plan can be developed and shared with the appropriate school personnel. It is the responsibility of parent/guardian to provide special food, equipment, and medication that is needed at school.** If you have any questions, please call the nurse at your student's school.

Has a physician diagnosed your student with a seizure disorder? ___ No ___ Yes, if so Date _____

SEIZURES ARE CURRENTLY TREATED BY: Dr. _____ (phone) _____

Has hospitalization been needed in the past year for your student's seizure activity? ___ No ___ Yes
If yes, date of hospitalization _____

Type of seizure: _____ Describe what a typical seizure looks like: _____

How long does it usually last? _____

How often/when does your student usually experience seizures? _____

List conditions which generally cause/precede the seizure (e.g. noise, blinking lights)

Does your student need special activity adaptations/protective equipment (e.g. helmet) at school? ___ No ___ Yes If yes, what type? _____

ARE MEDICATIONS NEEDED TO CONTROL SEIZURE(S)? ___ No ___ Yes (please list medications below)

MEDICATIONS	DOSAGE	To be Administered at
1.		<input type="checkbox"/> School <input type="checkbox"/> Home <input type="checkbox"/> Both
2.		<input type="checkbox"/> School <input type="checkbox"/> Home <input type="checkbox"/> Both
3.		<input type="checkbox"/> School <input type="checkbox"/> Home <input type="checkbox"/> Both
4.		<input type="checkbox"/> School <input type="checkbox"/> Home <input type="checkbox"/> Both

All medication given to students at school require a ***Kenton County School District Administration of Medication Permission Form*** be completed and signed by a parent/guardian and your child's physician. This form is available in the school office, first aid room, or on the Kenton County School District's webpage under Health Services Department. Students may self carry/self administer their emergency medication ONLY if the required forms are on file in Health Services.

Does your student participate in educational opportunities that involve more than one campus, such as Project Ascent, Prep+, or the Academies ? ___ No ___ Yes
If Yes, what campus will they attend? _____

For emergency medication (Diastat) to be available while attending another campus, your student must have permission to self-carry medication or an additional dose kept at the other campus. See the school nurse regarding the required documentation. Appropriate school staff will be trained in the administration of this emergency medication.

Please check and list any extracurricular activities outside of normal school hours, which you anticipate your child may participate in this year: (clubs, teams, councils, and sports)

Clubs, committees, drama, band, and teams (specify)_____

Sports/Intramurals (specify below)

Fall_____ Winter_____ Spring_____

For emergency medication (Diastat) to be administered during any extracurricular activities, your student must have permission to self-carry medication. See the school nurse regarding the required documentation. Appropriate school staff will be trained in the administration of this emergency medication.

If a student has permission to self-carry emergency medication (Diastat), Health Services recommends an additional dose of medication be kept in the nurse’s office to ensure a dose is always available.

IT IS THE PARENT’S RESPONSIBILITY TO NOTIFY THE SCHOOL NURSE IMMEDIATELY OF CHANGES IN YOUR CHILD’S MEDICAL CONDITION, MEDICATION, EXTRACURRICULAR ACTIVITIES, EMERGENCY CONTACT PERSONS, PHYSICIAN, OR CONTACT PHONE NUMBERS. ANY CHANGES IN MEDICATION REQUIRE A NEW ADMINISTRATION OF MEDICATION FORM.

EMERGENCY ACTION PLAN (EAP) FOR A STUDENT HAVING A SEIZURE:

1. Note the time the seizure began. Place call to office or nurse requesting assistance.
2. Stay with the student through the seizure, talking gently.
3. Provide for student safety: removing nearby hazardous objects, loosening clothing at neck and waist, protecting head from injury, and turning them on their side, as pertinent.
4. Remove other students from the immediate environment to give privacy as possible, as pertinent.
5. Medication administration as ordered.
 - a. Confirm green “ready” band is visible; check expiration date of medication
 - i. If medication is expired or ready band is not visible, do not give.
 - b. Confirm dose is visible and if known, is correct
 - c. Call 9-1-1.
 - d. Continue to monitor student.
6. **If no medication is ordered/available for a student with a history of seizures, continue to observe the student. If inadequate breathing or continuous seizure activity (more than 5 minutes) is observed, 9-1-1 will be called.**
7. Advise parent of seizure episode.
8. Reorient the student and guide student to safe locality.
9. Provide rest as needed for student after the seizure.

If you want additional information given, or have other concerns, describe here:

The school nurse will provide information to the appropriate school personnel (teachers, coaches, etc.) to address the health needs of your student. If you don’t want this information to be shared, **additional written notification** must be provided to the school nurse.

Assessment accommodations are given based on the needs documented in the student’s IEP or 504 plan. Activity restrictions require a written authorization from your student’s doctor.

Parent Signature

Date

Thank you for your help in addressing your student’s needs,
 School Health Services
 Kenton County School District