



Carroll ISD Health Services
Parental Authorization for Seizure Action Plan

Parent please answer:	
Special Ed services?	yes / no
Active 504 plan?	yes / no
I would like 504 information	yes / no

Name: _____ D.O.B.: _____ Grade/Teacher: _____

Parent/Guardian: _____ Phone: _____

Parent/Guardian: _____ Phone: _____

Transportation: Car rider Walker Drives self Rides bus # _____

Before/After school activities: Athletics Band Club: _____ Tutoring Other _____

Treating Physician: _____ Phone: _____

Diagnosis/Significant Medical History: _____

Seizure Information:

Seizure type: _____ Length: _____ Frequency: _____

Description of seizures: _____

Seizure triggers or behavior changes: _____

Student's response after seizure: _____

Can student identify impending seizures & take steps to prevent injury or get assistance? yes no

Can student identify & avoid seizure triggers? yes no

Does student have a Vagus Nerve Stimulator? yes no

Basic Seizure First Aid:

- Assist student to the floor, remain with student and provide calming reassurance
- Begin timing seizure and observe characteristics of seizure
- Reduce risk of additional injury by clearing area of objects that might injure student
- For tonic-clonic seizure, turn child onto side to help keep airway clear and allow saliva to drain and protect head
- Do not put anything between teeth or in mouth
- Do not restrain student and loosen any binding clothing
- Provide privacy to student
- Call school nurse, campus principal or assistant principal and resource officer. School nurse will give medication as ordered by the student's physician
- As indicated by parent; call 911 or parent for further assistance and notification
- Continue to monitor student and give supportive therapy

Emergency Response to Seizure:

A seizure is generally considered an emergency when:

- Convulsive (tonic-clonic) seizure longer than 5 minutes
- Student has repeated seizures without regaining consciousness
- Student is injured or has diabetes
- Student has a first-time seizure
- Student has difficulty breathing
- Student has a seizure in water

Seizure Emergency Protocol:

(Check all that apply and clarify below)

- Contact school nurse at extension: _____
- Call 911 for transport to: _____
- Notify parent or emergency contact
- Administer emergency medications as indicated below
- Notify doctor
- Other: _____

If different from the above description, a "seizure emergency" for this student is defined as: _____

Under what conditions can a student stay at school after a seizure? _____

Seizure Medications (including daily and emergency medication):

“School personnel have permission to administer the following medications as prescribed. A CISD Medication Administration Request form (MAR) must accompany all medications & contain a physician’s signature for prescription medication.”

Emergency Med. ✓	Medication	Dose	Scheduled Time or As Needed	Administration Instructions &/or Common Side Effects

Special Considerations and Precautions (regarding school activities, sports, trips, etc.)

Specify any special considerations or precautions: _____

Parental Authorization

I grant permission to Carroll ISD to follow the above Action Plan for my child and to take whatever measure in their judgement may be necessary to provide emergency medical services consistent with this Action Plan, including the administration of medication to my child. I give permission to Carroll ISD to contact my physician for additional information as necessary. I grant the school nurse permission to share this Action Plan with my student’s teacher(s). I also authorize Carroll ISD staff members to share the contents of my child’s Action Plan with chaperones and other volunteers at school events or field trips as necessary to ensure the safety and well-being of my child.

Parent/Guardian Signature

Date