

Place
Childs
Picture
Here

Students Name: _____ Birthdate: _____ Grade: _____
 Parent(s)/Guardian(s): _____ Home: _____ Cell: _____ Work: _____
 Hospital Preference: _____ Physician: _____ Phone: _____
 Emergency Contact: _____ Home: _____ Cell: _____ Work: _____

Seizure Information:

Seizure Type: _____ Length: _____
 Frequency: _____ Description: _____
 Seizure Triggers or Warning Signs: _____
 Student's Response after a Seizure: _____
 Seizure Medications: _____
 List any activities student should avoid: _____

Basic First Aid:

- | | |
|--|--|
| <ul style="list-style-type: none"> -Stay calm and record length of seizure -Protect student from injury -DO NOT put anything in mouth -Ease student down to floor and turn to side; place pillow (or soft object) under head | <ul style="list-style-type: none"> -Stay with student until fully conscious -Record seizure in log -DO NOT Restrain |
|--|--|

Other: _____

Emergency Response:

A "seizure emergency" for this student is defined as: _____
 Lasts Longer than _____ mins

- Signs of an Emergency:**
- | | |
|--|---|
| <ul style="list-style-type: none"> -Seizure lasts longer than 5 min -Blue or gray discoloration of lips or fingernails -Obstruction of airway | <ul style="list-style-type: none"> -Not breathing -Unconscious -No pulse |
|--|---|

Seizure Emergency Protocol:

- | | |
|---|---|
| <ul style="list-style-type: none"> - Notify Nurse's Office at _____ - If signs of emergency (above) noted, Call 911 - Notify Parent/Guardian | <ul style="list-style-type: none"> - Administer Emergency Meds as indicated below - Provide CPR if needed |
|---|---|

Other: _____

Emergency Seizure Medication:

Name: _____ Route: _____ Dose: _____ When to give: _____
 Name: _____ Route: _____ Dose: _____ When to give: _____
 Does student have a Vagus Nerve Stimulator? _____ Yes _____ NO If Yes describe magnet use: _____

Field Trips: Describe any precautions/special instructions: _____

*I authorize the above information to be shared with appropriate school staff and school transportation personal if applicable.

Parent/Guardian Authorization: _____ **Date:** _____
School Nurse Signature: _____ **Date:** _____
Physician's Signature: _____ **Date:** _____