



Seizure Action Plan

Effective Date _____

This student is being treated for a seizure disorder. The information below should assist you if a seizure occurs during school hours.

Student's Name	Date of Birth	
Parent/Guardian	Phone	Cell
Other Emergency Contact	Phone	Cell
Treating Physician	Phone	
Significant Medical History		

Seizure Information

Seizure Type	Length	Frequency	Description

Seizure triggers or warning signs: _____ Student's response after a seizure: _____

Basic First Aid: Care & Comfort

Please describe basic first aid procedures:

Does student need to leave the classroom after a seizure? Yes No
 If YES, describe process for returning student to classroom: _____

Basic Seizure First Aid

- Stay calm & track time
 - Keep child safe
 - Do not restrain
 - Do not put anything in mouth
 - Stay with child until fully conscious
 - Record seizure in log
- For tonic-clonic seizure:**
- Protect head
 - Keep airway open/watch breathing
 - Turn child on side

Emergency Response

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

Seizure Emergency Protocol

(Check all that apply and clarify below)

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

A seizure is generally considered an emergency when:

- Convulsive (tonic-clonic) seizure lasts 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 breathing difficulties
- Student has a seizure in water

Treatment Protocol During School Hours (Include daily and emergency medications)

Emerg. Med. ✓	Medication	Dosage & Time of Day Given	Common Side Effects & Special Instructions

Does student have a Vagus Nerve Stimulator? Yes No If YES, describe magnet use: _____

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

Describe any special considerations or precautions:

Physician Signature _____ Date _____

Parent/Guardian Signature _____ Date _____





DORSEYVILLE MIDDLE SCHOOL
FAX: 412-767-4255

**PARENT/GUARDIAN
REQUEST TO ADMINISTER MEDICATION IN SCHOOL**

Name _____ Grade _____ Room _____

Please administer prescribed medication to our child according to the Physician Medication Instructions.

As a parent/guardian of _____, we have read the Guidelines and we hereby release the Fox Chapel Area School District and all its employees from all liability for damages our child may suffer as a result of this request.

_____ Date _____ Signature of Parent/Guardian _____

PHYSICIAN'S MEDICATION INSTRUCTIONS

The parent/guardian has requested that medication be administered during the school day. If you feel it essential that the medication(s) be administered during the school day, we require completion of the information below.

Diagnosis _____

Medication	Dosage	Administration	Time
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

May carry inhaler: Yes _____ No _____

Self-administer: _____ with _____ without adult supervision.

Possible side effects _____

Curtalement of school activity (sports, shop, labs, etc.) _____

Duration: From _____ / _____ / _____ to _____ / _____ / _____
Month Day Year Month Day Year

Other medications student is taking outside school hours _____

Comments _____

_____ Date _____ Physician's Signature _____ Telephone Number _____

OVER

GUIDELINES FOR ADMINISTERING MEDICATION

Medication should be given at home. Should the need arise for a student to be given medication during school hours, these procedures must be followed or medication will not be administered.

1. Written instructions signed by a physician with the diagnosis, medication, dosage, length of time to be given, possible side effects, and parent signature is required for all types of medication. Forms are available from the Certified School Nurse. A medication order and parent permission is required at the start of each school year.
2. It is the parent's responsibility to maintain an adequate supply of medication throughout the school year.
3. **Medications must be brought to the School Nurse by the parent/guardian in the prescription-labeled container, or the original over the counter container that must remain at school.**
4. If the School Nurse is not available, the building Principal or Acting Principal will accept and sign for medication.
5. Over-the-counter medication such as Advil, Tylenol, cough drops, will not be administered to Kindergarten-5th grade unless prescribed by a physician. Over-the-counter and holistic medications not listed on the High School and Middle School emergency care card will require a doctor's order to be administered.
6. The Certified School Nurse will review all new medication requests.
7. The first dose of a new medication: *It is the parent's responsibility to give the first dose when the child is able to stay at home to ascertain the child's reaction to the medication.*
8. Medications will be discarded one week following termination date or conclusion of the school year, unless return is requested by the parent. **Medication will be returned to the parent or an adult designee only.**

Field Trip Medication

1. Children with serious, life threatening or potentially life threatening medical conditions may request that medications be given on a field trip. No other medication will be permitted. Any parent who has a child needing medication in such a situation should contact the Certified School Nurse.

Note: According to the American Academy of pediatrics, life threatening conditions may include but are not limited to, conditions such as: Asthma, diabetes, seizure disorders, hormonal disorders or severe allergy.

2. Parents of students who receive routine medication during school hours may choose to have the child not receive his/her medication on the day of the field trip. Otherwise, the parent may accompany the child on the field trip or make other arrangements with the Principal.

After School Activities: It is the parent/guardian responsibility to make arrangements for emergency care and/or medication for after school activities.
