

Emergency Care Plan

SEIZURE DISORDER



Student: _____ Grade: ____ School Contact: _____ DOB: _____
Mother: _____ MHome#: _____ MWork #: _____ MCell #: _____
Father: _____ FHome #: _____ FWork #: _____ FCell #: _____
Emergency Contact: _____ Relationship: _____ Phone: _____

SYMPTOMS OF A SEIZURE EPISODE MAY INCLUDE ANY/ALL OF THE FOLLOWING:

- Tonic-Clonic Seizure:
 - Entire body stiffens, jerking movements
 - May cry out, burn bluish, be tired afterwards
- Absence Seizure:
 - Staring spell, may blink eyes

STAFF MEMBERS INSTRUCTED:

- Administration
- Classroom Teacher(s)
- Support Staff
- Special Area Teacher(s)
- Transportation Staff

TREATMENT:

Clear the area around the student to avoid injury.
DO NOT PUT ANYTHING IN THE STUDENT'S MOUTH.
Place student on side if possible, speak to the student in a reassuring tone.
Stay with the student until help arrives.

- Emergency Medical Services (911) should be called, student transported to hospital.
Preferred Hospital if transported: _____
- Emergency medication to be given by Nurse at onset of seizure.**
- Student should be allowed to rest following seizure, call parent.

Transportation Plan: Medication available on bus Medication NOT available on bus Does not ride bus
Special instructions: _____

Healthcare Provider: _____ Phone: _____
Written by: _____ Date: _____

- Copy provided to Parent
- Copy sent to Healthcare Provider

Parent/Guardian Signature to share this plan with Provider and School Staff: _____

This plan is in effect for the current school year and summer school as needed.