



### Seizure Management & Emergency Plan

RN verified \_\_\_\_\_

Student \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_\_

Date of Birth \_\_\_\_\_ School \_\_\_\_\_ Teacher \_\_\_\_\_

#### Emergency Contacts

Name \_\_\_\_\_ Number \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Number \_\_\_\_\_ Relationship \_\_\_\_\_

Will your student take seizure medication at school?

Yes

No

#### Seizure Information

Seizure Type	Length	Frequency	Description/Date of last Seizure

Seizure triggers or warning signs: \_\_\_\_\_

\_\_\_\_\_

Behavior of student after a seizure:

\_\_\_\_\_

\_\_\_\_\_

#### Basic First Aid: Care and Comfort

Please describe basic first aid procedures: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



<p><b>Basic Seizure First Aid</b></p> <ul style="list-style-type: none"> <li>● Stay calm and track time</li> <li>● Keep child safe</li> <li>● Do not restrain</li> <li>● Do not put anything in mouth</li> <li>● Stay with child until fully conscious</li> <li>● Record seizure in log</li> </ul> <p><b>For tonic-clonic seizure:</b></p> <ul style="list-style-type: none"> <li>● Protect head</li> <li>● Keep airway open/watch breathing</li> <li>● Turn child on side</li> </ul> <p><b>Post Seizure Care:</b></p> <ul style="list-style-type: none"> <li>● Comfort and reassure student</li> <li>● Allow student to rest with supervision. A student recovering from a seizure may be very tired or sleepy.</li> <li>● Communicate all seizures to the parents and school nurse by phone or note as appropriate.</li> </ul>	<p><b>A seizure is generally considered an emergency when:</b></p> <ul style="list-style-type: none"> <li>● Student has repeated seizures without regaining consciousness</li> <li>● Convulsive (tonic-clonic) seizures</li> <li>● Lasts longer than 5 minutes</li> <li>● Student is injured or has diabetes</li> <li>● Student has a first time seizure</li> <li>● Student has breathing difficulties</li> <li>● Student has a seizure in water</li> </ul> <p><b>*CALL 911</b></p>
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**Please note: If student experiences multiple seizures, parents may be called to pick student up for observation.**

**Emergency Response** (check all that apply)

- Call 911
- Administer Emergency Medications as listed in plan
- Notify Parent
- Other

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**Treatment Protocol During School Hours (Include Emergency Medications)**

Medication Name	Strength	Dose	Route	Special Instructions	Expiration Date

**All medications administered by AASD staff are only available to students during school hours (7:30 a.m.- 4:00 pm), must not be expired, and in a properly labeled pharmacy box/bottle. Ask your pharmacy for any additional labels or containers needed.**

**Does student have a Vagus Nerve Stimulator (VNS)?**

- Yes
- No

If yes, please explain use of magnet: \_\_\_\_\_



Please list any other accommodations, considerations, or precautions that need to be made.

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**Parent Consent For Management Of Health Condition While At School**

I, the parent/guardian of the above named student, request that this action plan be used to guide the care of my child in case of a health care emergency. I agree to:

- Provide the necessary supplies and equipment.
- Notify the school staff or school district nurse of any changes in the student’s health status.
- Notify the school staff and complete new consent for changes in orders from the student’s health care provider.
- Authorize the school nurse to communicate with my child’s primary care physician or specialist regarding my child’s health condition as needed.
- School staff interacting directly with my child may be informed about this health care plan.
- Submit new forms annually if the health condition still exists or inform the school that the condition no longer exists.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Provider Information/Consent (Provider only needs to sign if student has medication to be given at school)**

Name of Provider(Print) \_\_\_\_\_ Clinic Name \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Address \_\_\_\_\_

Signature of Provider \_\_\_\_\_ Date \_\_\_\_\_

*\*Note to Health Care Provider-This document serves as medication and treatment orders.*