

**INDIVIDUALIZED SEIZURE ACTION PLAN
(R.C. 3313.7117)**

In accordance with R.C. 3313.7117, this document constitutes the individualized seizure action plan ("Plan") for the below-named student ("Student"), who is enrolled in the West Muskingum Local School District ("District") and who has an active seizure disorder diagnosis. This seizure action plan shall be effective for the 20__-20__ school year only.

Written Request of Student's Parent/Guardian/Caregiver

I hereby request to have the following drug(s), which are prescribed for a seizure disorder, be administered by the District to the Student:

- _____ •
- _____ •
- _____

Date _____ *Signature*

Treating Practitioner's Statement *(required for each drug being administered)*

In accordance with R.C. 3313.7117(B)(2), I hereby supply the following written statement concerning the drug information required by R.C. 3313.713(C)(2) for each drug prescribed to the Student for a seizure disorder, so that the District may administer such drugs to Student:

Date _____ *Signature*

1. The name and address of the student:

2. The school and class in which the student is enrolled:

3. The name of the drug and the dosage to be administered:

4. The times or intervals at which each dosage of the drug is to be administered:

5. The date the administration of the drug is to begin:

6. The date the administration of the drug is to cease:

7. Severe adverse reactions that should be reported to the prescriber and one or more phone numbers at which the prescriber can be reached in an emergency:

8. Special instructions for administration of the drug, including sterile conditions and storage:

Providing Drugs to the District for Administration to Student

The prescribed drug(s) identified above must be provided to the school nurse or another person at the school who is authorized to administer it to the Student if the District does not employ a full-time school nurse. The drug(s) must be provided in the container(s) in which they were dispensed by the prescriber or a licensed pharmacist.

Notification of Seizure Action Plan

A District employee, contractor, and/or volunteer shall be notified in writing regarding the existence and content of this seizure action plan if the employee, contractor, or volunteer does any of the following:

1. Regularly interacts with the Student;
2. Has a legitimate educational interest in the student or is responsible for the direct supervision of the Student; and/or
3. Is responsible for transportation of the Student to and from school.

Maintenance

This seizure action plan shall be maintained in the office of the school nurse or school administrator if the District does not employ a full-time school nurse.

Collaborating School Nurse/Employee

This Plan has been created in collaboration with the Student’s parents/guardians and the below-signed school nurse or other District employee.

_____ *Signature*
Date