



Dugsiyada Magaalada Westerville

936 Eastwind Dr., Westerville, OH 43081
Xafiiska Guud (614) 797-5700 Fakis (614) 797-5701

Himilo

Himiladeenu waa inaan jaangoyn u noqono heerka sare ahaanshaha waxbarashada.

Waalidka/Mas'uulka Qaaliga ahoow,

Marka loo eego diiwaanadayada caafimaadka, ardaygaagu wuxuu horay u qabay qalal. Fadlan foomkan lifaaqan soo buuxi oo ku soo celi dugsiyada si loo hubiyo in ilmahaagu helo daryeelka ku habboon inta uu dugsiyada joogo. Bixiyeyaasha caafimaadku waxay isticmaali karaan foomamkooda saxiixan ilaa intay ku jiraan dhammaan qorshaha wax-ka-qabadka lagama maarmaanka ah iyo macluumaadka daawooyinka loo qoray.

Hadaf

Hadafkeenu waa inaan u diyaarino ardayda inay wax ku biiriyaan dunida tartanka iyo isbedelka badan ee aan ku nool nahay.

1. **"Su'aalaha La Waydiinayo Waalidka Ardayga Qalalka Qaba"** - Waalidka/Masuulka waa inuu dhammaystiro oo saxiixo (2-dhinac/boggag).
2. **"Qorshaha Wax-ka-qabadka Qalalka"** - Waxa lagu badali karaa bixiyaha Qorshaha Wax kaqabadka Suuxdinta. Waa inuu dhamaystiraan oo ay saxiixaan waalidka/masuulka iyo bixiyaha caafimaadka labadaba (2-dhinac/boggag). Haddii ilmahaagu u baahan yahay inay dawooyinka heli karaan inta uu dugsiyada ku jiro, fadlan daryeel bixiyehooda caafimaad ha ku soo qoro codsiga dawada foomkan. Foomka WAA IN uu bixiyaha caafimaadku saxiixaa. Daawooyinka waxa lagu hayn doonaa rugta caafimaadka dugsiyada.
3. **"Oggolaanshaha Haysashada iyo Isticmaalka Dawooyinka Suuxdinta"** – Waa inay buuxiyaan oo ay saxiixaan waalidka/masuulka iyo bixiyaha caafimaadka labadaba, haddii ardaygaagu rabo inuu haysto dawada suuxdinta iyo/ama iskood u qaato dawada suuxdinta.
4. **"Daawada qalalka LOOGAMA baahno dugsiyada"** - Fadlan buuxi oo saxiix haddii ilmahaagu qalal qabo laakiin aan dugsiyada daawo looga baahnayn.

Qiyamka

Ixtiraam
Ka mid ahaanshaha
Bulshada
Wada xiriir
Wada shaqayn
Hal-abuur
Barbaarin
Is aaminid
Isla xisaabtan

Wixii su'aal ama walaac ah ee aad qabto fadlan wac ama iimayl u dir kalkaalisada dugsiyada ardaygaaga.

Mahadsanid,

Kalkaalisada Dugsiyada WCSD

QORSHAHA WAX-KA-QABADKA SUUXDINTA (SAP)



ENDEPILEPSY

Magaca: _____ Taariikhda dhalasha: _____
 Ciwaanka: _____ Taleefonka: _____
 Waalidka/Mas'uulka: _____ Taleefonka: _____
 Xiriirka degdega ah/Waxaad isku tihiin _____ Taleefonka: _____

Macluumaadka Suuxdinta

Nooca Suuxdinta	Illaa Inta suuxdinta socoto	Inta jeer ee ay Dhacdo	Waxa Dhaco

Hab-maamuuska suuxdinta inta la joogo dugsiga (calaamadee dhammaan inta ku khuseeysa)

- Gargaarka degdega ah– **Joog. Dhinaca. Badbaadada.**
- Sii daaweynta samatabbixinta sida uu qabo Qorshaha Wax-Ka-Qabadka Suuxdinta (SAP)
- Ogeysii waalidka/xiriirka degdega ah
- Kala xiriir kalkaalisada dugsiga _____
- Wac 911 si aad u hesho gaadiid loogu qaado _____
- Wax kale _____

Gargaarka degdega ah ee lagula tacaalo suuxdin kasta

- ISDEJI**, xasiloonow, **xisaabi waqtiga suuxdinta socoto**
- I **BADBAADI** – iga fogee walxaha waxyeelada leh, ha i xakamayn, madaxa ii ilaali
- DHINACA** – dhinaca u leexi haddii aanan soo jeedin, ilaali marinka hawada, afka walxo haka gelin
- JOOG** illaa suuxdinta uu qofka ka soo kaco
- Mari bir-qabatada (magnet) si aad u hesho VNS
- Qor waxa dhaca _____
- Wax kale _____

Marka ay tahay inaad wacdo 911

- Suuxdin leh miyir beelid in ka badan 5 daqiiqo, oo aan ka falcelinaynin samatabbixinta caafimaadka haddii la helo
- Suuxdin soo noqnoqota in ka badan 10 daqiiqo, oo aan lahayn wax kasoo kabasho ah, aan ka falcelinaynin samatabbixinta caafimaadka haddii la helo
- Neefsashada oo ku adkaata suuxdinta ka dib
- Dhaawac halis ah haddii uu jiro ama laga shakisan yahay inuu jiro, ku dhax suuxidda biyaha

Goorta la wacayo bixiyahaaga marka hore

- Isbeddelka nooca suuxdinta, tirada ama qaabka
- Qofka oo aan ku soo noqon sidiisi caadiga ahayd (tusaale, inuu wareersanaado muddo dheer)
- Suuxdintii ugu horreysay ee iskeed u joogsato
- Dhibaatooyinka kale ee caafimaad ama uurka ayaa u baahan in la hubiyo

Marka daawaynta samatabixinta loo baahan karo:

GOORTA IYO WAXA AY TAHAY IN LA SAMEEYO

Hadii ay tahay Suuxdin (nooca, # ama muddada ay socoto) _____

Magaca Daawada/Daawada Dhakhtarka uu qoray _____ Intee in le'eg ayaa la siinayaa (qiyaasta) _____

Sida loo siinayo _____

Hadii ay tahay Suuxdin (nooca, # ama muddada ay socoto) _____

Magaca Daawada/Daawada Dhakhtarka uu qoray _____ Intee in le'eg ayaa la siinayaa (qiyaasta) _____

Sida loo siinayo _____

Hadii ay tahay Suuxdin (nooca, # ama muddada ay socoto) _____

Magaca Daawada/Daawada Dhakhtarka uu qoray _____ Intee in le'eg ayaa la siinayaa (qiyaasta) _____

Sida loo siinayo _____

Daryeelka Suuxdinta kadib

Caawimaad nooc ee ah ayaa loo baahan yahay? (qeex) _____

Goormee ayuu ardaygu dib u bilaabi karaa dhaqdhaqaaqyada caadiga ahaa? _____

Tilmaamaha gaarka ah

Gurmadka hore: _____

Waaxda Gurmadka: _____

Daawada maalinlaha ah ee suuxdinta

Magaca Daawada	Wadarta Qaddarta maalinlaha ah	Qadarka Kaniinka/ Dareeraha	Sida loo qaato (waqtiga la qaadanayo qiyaas kasta iyo inta la qaadanayo)

Macluumaad kale

Kiciyayaasha: _____

Taariikhda Caafimaad ee Muhiimka ah _____

Xasaasiyadaha _____

Qalliinka Qallalka (nooca, taariikhda, waxyeellooyinka) _____

Qalabka: VNS RNS DBS Taariikhda la beeray

Daaweynta Cuntada Cuntooyinka ay ku badan tahay Dufanka oo ay ku yar tahay kaarbohaydarayt Cuntooyinka aan Sonkorta

kicinin Cuntooyinka qalalka lagu daaweeyo Wax kale (qeex)

Tilmaamo gaar ah: _____

Xiriirada daryeelka caafimaadka

Daryeelaha Caafimaadka ee Qalalka: _____ Taleefonka: _____

Daryeelaha Koowaad: _____ Taleefonka: _____

Isbitaalka La Doorbido: _____ Taleefonka: _____

Farmashiyaha: _____ Taleefonka: _____

Saxiixayga _____ Taariikhda _____

Saxiixa Daryeelaha Caafimaadka/Bixiyaha _____ Taariikhda _____

Epilepsy.com

Fadlan ka jawaab dhammaan su'aalaha. Macluumaadkan ayaa lama huraan u ah kalkaalisada dugsiga iyo shaqaalaha dugsiga si ay u go'aamiyaan baahiyaha gaarka ah ee ilmahaaga qabo iyo bixinta jawi waxbarasho oo togan oo taageero leh. Haddii aad wax su'aalo ah ka qabto sida loo buuxiyo foomkan, fadlan la xiriir kalkaalisada dugsiga ilmahaaga.

Macluumaadka Xiriirka

Magaca Ardayga	Sanad Dugsiyeedka	Taariikhda Dhalashada	
Dugsiga	Fasalka	Qolka waxbarasho	
Waalidka/Mas'uulka	Telefoonka	Shaqada	Taleefonka Gacanta
Iimaylka Waalidka/Mas'uulka			
Xiriirka Deg-degga ah ee kale	Telefoonka	Shaqada	Taleefonka Gacanta
Dhaktarka Neerfaha ee Cunuga	Telefoonka	Goobta	
Dhaktarka Daryeelka Koowaad ee cunuga	Telefoonka	Goobta	
Taariikhda Caafimaadka ama Xaaladaha Muhiimka ah			

Macluumaadka Suuxdinta

1. Goorma ayaa ilmahaaga laga helay suuxdinta ama qalalka? _____

2. Nooca(yada) suuxdinta

Nooca Suuxdinta	Inta ay socotay	Inta jeer ay soo noq-noqota	Calaamadaha

3. Maxaa ilmahaaga ku kicin kara suuxdinta? _____

4. Ma jiraan wax digniino ah iyo/ama isbeddel hab-dhaqameed ka hor inta ay suuxdintu dhicin? HAA MAYA

Haddii ay jawaabtu HAA tahay, fadlan sharrax: _____

5. Goorma ayay ilmahaaga ku dhacday suuxdintii ugu dambaysay? _____

6. Ma jiraan wax isbeddel ah oo dhowaan ku yimid qaababka suuxdinta ugu dhacdo ilmahaaga? HAA MAYA

Haddii ay jawaabtu HAA tahay, fadlan sharrax: _____

7. Sidee buu u falcelyaa cunugaaga kadib marka ay suuxdintu dhamaato? _____

8. Sidee jirrooyinka kale u saameeyaan xakamaynta suuxdinta ee ilmahaaga? _____

Aasaasiyaadka Gargaarka Degdegga ah: Daryeelka & Raaxada

9. Waa maxay hab-raacyada aasaasiga ah ee gargaarka deg-degga ah ee la sameeyo marka ilmahaagu suuxdin ku qabato dugsiga?

10. Ilmahaagu ma u baahan doonaa inuu ka tago fasalka suuxdinta kadib? HAA MAYA
Hadii ay jawaabtu HAA tahay, habkee ayaad ku talin lahayd si ilmahaaga dib loogu soo celiyo fasalka:

Aasaasiyaadka Gargaarka Deg-degga ah ee Suuxdinta

- Isdeji oo waqtiga la soco
- Ilaali badbaadada cunuga
- Ha celin/xakamayn/xirxirin
- Waxba afka ha u gelin
- La joog ilmaha ilaa uu si buuxda ugu soo miyirsado
- Diiwaanka ku qor suuxdinta

Suuxdinta kakananata-boodboodka leh:

- U difaac madaxa
- Marinka hawadu ha u furnaato/la soco neefsashadooda
- Canugga dhinac u rog

Xaaladaha Degdegga ah ee Qalalka

11. Fadlan sharrax waxa ubadkaaga u ah xaalad degdeg ah. (Jawaabtu waxay u baahan kartaa in lagala tashado dhakhtarka daawaynaya iyo kalkaalisada dugsiga.)

12. Ilmaha weligii isbitaal ma loo dhigay qalal joogto ah? HAA MAYA

Haddii ay HAA tahay, fadlan sharrax:

Qalalku guud ahaan waxaa loo tixgeliyaa xaalad degdeg ah marka:

- Suuxdinta (gariirka xoogan) qalalku wuxuu socdaa in ka badan 5 daqiiqo
- Ardaygu wuxuu qabaa qalal kusoo noqnoqda isagoon miyirkiisu soo laaban
- Ardaygu waa dhaawac ama wuxuu qabaa sonkor
- Ardaygu waa markii ugu horaysay ee uu suuxo
- Ardayga waxaa ku adag neefsashada
- Ardayga wuxuu ku dhex qalalaa biyaha

Daawooyinka Qalalka iyo Macluumaadka Daawaynta

13. Daawooyinkee ayuu ilmahaagu qaataa?

Daawooyinka	Taariikhda La Bilaabay	Qiyaasta	Inta Jeer iyo Wakhtiga la Qaadanayo Maalinta	Saamaynada Dhici kara

14. Waa maxay dawooyinka badbaadinta/degdega ee loosoo qoray ilmahaaga?

Daawooyinka	Qiyaasta	Tilmaamaha Daawo Siinta (wakhtiga* & habka**)	Maxaa la Sameynayaa Kadib Daawo Siinta

* Kadib qalalka 2^{aad} ama 3^{aad} ee dhowr qalal ah, iwm.

** Afka laga qaato, carabka hoostiisa la galiyo, dabada laga qaato, iwm.

15. Daawooyinkee ayuu ilmahaagu u baahan doonaa inuu qaato saacadaha dugsiga? _____

16. Ma in dawooyinkan qaar kamid ah si gaar ah loo qaato baa? HAA MAYA

Haddii ay HAA tahay, fadlan sharrax: _____

17. Ma jirtaa wax falcelin gaar ah oo in loo fiirsado mudan? HAA MAYA

Haddii ay HAA tahay, fadlan sharrax: _____

18. Maxay tahay in la sameeyo marka ilmahaagu seego qaadashada dawada? _____

19. Miyay tahay in dugsigu haysto dawo kayd ah oo la heli karo si loo siiyo ilmahaaga hadduu seego qaadashada dawada? HAA MAYA

20. Ma waxad rabtaa in lagu soo waco ka hor inta aan dawada kaydka ah la siinin marka uu ilmahaagu seego isticmaalka dawada?

HAA MAYA

21. Ilmahaagu ma qaataa qalabka Dareensiyaha Dareemaha Faagas (Vagus)? HAA MAYA

Hadday HAA tahay, fadlan sharrax tilmaamaha isticmaalka bir-qabadka (magnet) ee ku habboon:

Tixgelin iyo Ka Taxadir Gaar ah

22. Calaamadee dhammaan kuwa khuseeya oo sharrax tixgalin kasta ama taxaddar kasta oo ay tahay in la sameeyo:

Caafimaadka Guud _____ Waxbarashada jimicsiga (jiimka/ciyaaraha) _____

Shaqeynta jireed _____ Nasiinada _____

Barashada _____ Safarrada dibadda _____

Hab-dhaqanka _____ Gaadiidka Baska _____

Niyadda/la qabsiga _____ Kale _____

Arrimaha Isgaarsiinta Guud

23. Waa maxay habka ugu wanaagsan ee aan kaagala soo xiriiri karno qalalka ilmahaaga? _____

24. Macluumaadkan ma lala wadaagi karaa macalinka fasalka iyo shaqaalaha kale ee dugsiga ee ku haboon? HAA MAYA

Taariikhaha _____

La cusboonaysiiyay _____

Saxiixa Waalidka/Mas'uulka _____ Taariikhda _____

**Adeegyada Caafimaadka ee
Dugsiyada Magaalada Westerville**

Daawada QALALKA LOOGAMA baahno dugsiiga.

Fadlan saxiix oo foomkan u soo celi kalkaalisada dugsiiga

Ardayga: _____

Waalidka/Mas'uulka Qaaliga ahoow,

Diiwaanadayadu waxay muujinayaan in ilmahaagu qabo qalal. Haddii aan dawo in dugsiiga lagu hayo aan loo baahnayn, fadlan saxiix foomkan oo u soo celi kalkaalisada dugsiiga. Haddii daawooyin ama waxqabadyo kale loo baahanyahay, fadlan kala shaqee dhakhtarkaaga si aad u buuxiso Qorshaha Waxqabadka Qalalka ee ku lifaaqan. Ku soo celi dugsiiga iyadoo ay la socoto wixi daawo ee loo baahan yahay.

Mahadsanid,

Kalkaalisada Dugsiiga WCSD

**Canugaygu, _____ uma
baahna in daawadiisa qalalka dugsiiga loogu hayo. Haddii
qorshahani isbeddelo waxaan isla markiiba la socod siin
doonaa kalkaalisada dugsiiga.**

_____ **Taariikhda:** _____

Saxiixa Waalidka/Mas'uulka

DUGSIYADA MAGAALADA WESTERVILLE

OGGOLAANSHAHA HAYSASHADA IYO ADEEGSIGA DAAWADA SUUXDINTA

Magaca Ardayga: _____ Taariikhda: _____

Ciwaanka: _____

Waxaa ardayga kor ku magacaaban halkan loogu oggolaaday inuu:

shaqaalaha dugsiga ee loo xilsaaray ay siiyaan daawada suuxdinta ee la xusay.

haysto daawada suuxdinta.

is-kii u qaato dawada suuxdinta sida uu sharcigu ogol yahay.

Magaca Daawada: _____

Qiyaasta: _____

Taariikhda ay qaadashada dawadu bilaabanayso: _____

Taariikhda qaadashada la joojinayo: _____

Xaaladaha sababa qaadashada daawada: _____

Sida daawada loo qaadanayo: _____

Fal-celinta daran ee ay tahay in loo sheego cidda daawada qortay: _____

Fal-celinta daran ee ku imaan karta isticmaale aan loo fasaxin: _____

Habraaca la raacayo haddii ay dhacdo in daawadu aysan nafiska la filayay suuxdinta ka siin ardayga:

Tilmaamaha kale ee gaarka ah: _____

Magacyada, saxiixa, iyo lambarada telefoonada degdega ah ee qoraha daawada iyo
waalidka/masuulka ayaa loo baahan yahay.

Magaca cidda qortay daawada: _____ Taleefanka _____

(halka qoraha daawada laga heli karo hadday jirto xaalad degdeg ah): _____

Saxiixa: _____ Taariikhda: _____

Magaca Waalidka/Mas'uulka: _____ Taleefanka: (Guriga) _____

(Shaqada) _____

(Kale) _____

Saxiixa: _____ Taariikhda: _____

Koobiyo/nuqullo waa in la siiyaa Maamulaha iyo Kalkaalisada Dugsiga haddii midkood uu masuul
kayahay dhismaha ardaygu joogo.

5/11
2/24/25



Westerville City Schools

936 Eastwind Dr., Westerville, OH 43081
Main Office (614) 797-5700 Fax (614) 797-5701

Vision

Our vision is to be the benchmark of educational excellence.

Mission

Our mission is to prepare students to contribute to the competitive and changing world in which we live.

Values

Respect
Inclusiveness
Community
Communication
Collaboration
Innovation
Nurturing
Trust
Accountability

Dear Parent/Guardian,

According to our health records your student has a history of seizures. Please complete and return to school the enclosed forms to ensure your student receives the appropriate care while in school. Medical providers may utilize their own signed forms as long as all necessary action plan and prescribing information is included.

1. **“Questionnaire for Parent of a Student with Seizures”** - Parent/Guardian to complete and sign (2-sided/pages).
2. **“Seizure Action Plan”** – May be substituted with provider Seizure Action Plan. To be completed and signed by both the parent/guardian and medical provider (2-sided/pages). If your student requires medications to be available to them while at school, please have their health care provider write the order for the medication on this form. The form **MUST** be signed by the medical provider. Medication will be kept in the school health clinic.
3. **“Authorization for the Possession and Use of Seizure Medications”** – To be completed and signed by both the parent/guardian and medical provider if your student is to keep the seizure medication in their possession and/or self-administer the seizure medication.
4. **“Seizure Medication NOT Required at School”** - Please complete and sign if your student has a diagnosis of seizures but no medication is required at school.

Please call or email your student’s school nurse with any questions/concerns.

Thank you,

WCSD School Nurses

SEIZURE ACTION PLAN (SAP)



Name: _____ Birth Date: _____
Address: _____ Phone: _____
Parent/Guardian: _____ Phone: _____
Emergency Contact/Relationship _____ Phone: _____

Seizure Information

Seizure Type	How Long It Lasts	How Often	What Happens

Protocol for seizure during school (check all that apply)

- First aid – **Stay. Safe. Side.**
- Give rescue therapy according to SAP
- Notify parent/emergency contact
- Contact school nurse at _____
- Call 911 for transport to _____
- Other _____

First aid for any seizure

- STAY** calm, keep calm, **begin timing seizure**
- Keep me **SAFE** – remove harmful objects, don't restrain, protect head
- SIDE** – turn on side if not awake, keep airway clear, don't put objects in mouth
- STAY** until recovered from seizure
- Swipe magnet for VNS
- Write down what happens _____
- Other _____

When to call 911

- Seizure with loss of consciousness longer than 5 minutes, not responding to rescue med if available
- Repeated seizures longer than 10 minutes, no recovery between them, not responding to rescue med if available
- Difficulty breathing after seizure
- Serious injury occurs or suspected, seizure in water

When to call your provider first

- Change in seizure type, number or pattern
- Person does not return to usual behavior (i.e., confused for a long period)
- First time seizure that stops on its' own
- Other medical problems or pregnancy need to be checked

When rescue therapy may be needed:

WHEN AND WHAT TO DO

If seizure (cluster, # or length) _____
Name of Med/Rx _____ How much to give (dose) _____
How to give _____

If seizure (cluster, # or length) _____
Name of Med/Rx _____ How much to give (dose) _____
How to give _____

If seizure (cluster, # or length) _____
Name of Med/Rx _____ How much to give (dose) _____
How to give _____

Care after seizure

What type of help is needed? (describe) _____

When is student able to resume usual activity? _____

Special instructions

First Responders: _____

Emergency Department: _____

Daily seizure medicine

Medicine Name	Total Daily Amount	Amount of Tab/Liquid	How Taken (time of each dose and how much)

Other information

Triggers: _____

Important Medical History _____

Allergies _____

Epilepsy Surgery (type, date, side effects) _____

Device: VNS RNS DBS Date Implanted _____

Diet Therapy Ketogenic Low Glycemic Modified Atkins Other (describe) _____

Special Instructions: _____

Health care contacts

Epilepsy Provider: _____ Phone: _____

Primary Care: _____ Phone: _____

Preferred Hospital: _____ Phone: _____

Pharmacy: _____ Phone: _____

My signature _____ Date _____

Provider signature _____ Date _____



Questionnaire for Parent of a Student with Seizures

Please complete all questions. This information is essential for the school nurse and school staff in determining your child's special needs and providing a positive and supportive learning environment. If you have any questions about how to complete this form, please contact your child's school nurse.

Contact Information			
Student's Name	School Year	Date of Birth	
School	Grade	Classroom	
Parent/Guardian	Phone	Work	Cell
Parent/Guardian Email			
Other Emergency Contact	Phone	Work	Cell
Child's Neurologist	Phone	Location	
Child's Primary Care Doctor	Phone	Location	
Significant Medical History or Conditions			

Seizure Information			
1. When was your child diagnosed with seizures or epilepsy? _____			
2. Seizure type(s)			
Seizure Type	Length	Frequency	Description
3. What might trigger a seizure in your child? _____			
4. Are there any warnings and/or behavior changes before the seizure occurs? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If YES, please explain: _____			
5. When was your child's last seizure? _____			
6. Has there been any recent change in your child's seizure patterns? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If YES, please explain: _____			
7. How does your child react after a seizure is over? _____			
8. How do other illnesses affect your child's seizure control? _____			

Basic First Aid: Care & Comfort
9. What basic first aid procedures should be taken when your child has a seizure in school?
10. Will your child need to leave the classroom after a seizure? <input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, what process would you recommend for returning your child to classroom:

Basic Seizure First Aid
<ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> Protect head Keep airway open/watch breathing Turn child on side

Seizure Emergencies

11. Please describe what constitutes an emergency for your child? (Answer may require consultation with treating physician and school nurse.)

12. Has child ever been hospitalized for continuous seizures? YES NO

If YES, please explain:

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

Seizure Medication and Treatment Information

13. What medication(s) does your child take?

Medication	Date Started	Dosage	Frequency and Time of Day Taken	Possible Side Effects

14. What emergency/rescue medications are prescribed for your child?

Medication	Dosage	Administration Instructions (timing* & method**)	What to Do After Administration

* After 2nd or 3rd seizure, for cluster of seizure, etc.

** Orally, under tongue, rectally, etc.

15. What medication(s) will your child need to take during school hours? _____

16. Should any of these medications be administered in a special way? YES NO

If YES, please explain: _____

17. Should any particular reaction be watched for? YES NO

If YES, please explain: _____

18. What should be done when your child misses a dose? _____

19. Should the school have backup medication available to give your child for missed dose? YES NO

20. Do you wish to be called before backup medication is given for a missed dose? YES NO

21. Does your child have a Vagus Nerve Stimulator? YES NO

If YES, please describe instructions for appropriate magnet use:

Special Considerations & Precautions

22. Check all that apply and describe any consideration or precautions that should be taken:

- | | |
|---|--|
| <input type="checkbox"/> General health _____ | <input type="checkbox"/> Physical education (gym/sports) _____ |
| <input type="checkbox"/> Physical functioning _____ | <input type="checkbox"/> Recess _____ |
| <input type="checkbox"/> Learning _____ | <input type="checkbox"/> Field trips _____ |
| <input type="checkbox"/> Behavior _____ | <input type="checkbox"/> Bus transportation _____ |
| <input type="checkbox"/> Mood/coping _____ | <input type="checkbox"/> Other _____ |

General Communication Issues

23. What is the best way for us to communicate with you about your child's seizure(s)? _____

24. Can this information be shared with classroom teacher(s) and other appropriate school personnel? YES NO

Dates _____

Updated _____

Parent/Guardian Signature _____ Date _____

**Westerville City Schools
Health Services**

SEIZURE Medication NOT required at school.

Please sign and return this form to the school nurse

Student: _____

Dear Parent/Guardian,

Our records indicate that your child has a diagnosis of seizures. If no medications are required at school, please sign this form and return it to the school nurse. If medications or other interventions are required, please work with your doctor to fill out the enclosed Seizure Action Plan. Return it to school with any required medication.

Thank You,

WCSD School Nurse

My child, _____ does not require any medication at school for his/her seizures. I will inform the school nurse immediately if this plan changes.

Date: _____

Parent/Guardian Signature

WESTERVILLE CITY SCHOOLS

AUTHORIZATION FOR THE POSSESSION AND USE OF SEIZURE MEDICATION(S)

Student Name: _____ Date: _____

Address: _____

Authorization is hereby given for the student named above to:

- receive the seizure medication indicated from the designated school personnel.
- keep seizure medication in his/her possession.
- self-administer the seizure medication as permitted by law.

Medication Name: _____

Dosage: _____

Date the administration is to begin: _____

Date the administration is to cease: _____

Circumstances under which the drug is to be administered: _____

How the drug is to be administered: _____

Adverse reactions that should be reported to the prescriber: _____

Adverse reactions for an unauthorized user: _____

Procedure to follow in the event that medication does not produce the expected relief from student's seizure:

Other special instructions: _____

Prescriber and parent/guardian names, signature, and emergency phone numbers are required.

Prescriber name: _____ Phone _____

(where Prescriber may be reached in an emergency): _____

Signature: _____ Date: _____

Parent/guardian name: _____ Phone: (Home) _____

(Work) _____

(Other) _____

Signature: _____ Date: _____

Copies must be provided to Principal and to the School Nurse if one is assigned to the student's building.

5/11
2/24/25