



# Emergency Care Plan



## SEIZURE DISORDER

Student: \_\_\_\_\_ Grade: \_\_\_\_\_ School Contact: \_\_\_\_\_ DOB: \_\_\_\_\_

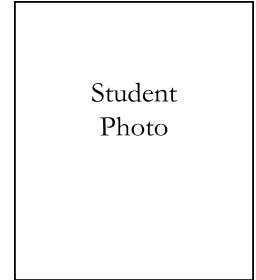
Parent: \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

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Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

### SYMPTOMS OF A SEIZURE EPISODE MAY INCLUDE ANY/ALL OF THESE:

- Tonic-Clonic Seizure:
  - Entire body stiffens, jerking movements
  - May cry out, turn 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 student in reassuring tone  
 Stay with student until help arrives

- Emergency Medical Services (911) should be called, student transported to Good Samaritan Hospital
- Emergency medication to be given by Nurse as per orders**
- 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 signature: \_\_\_\_\_ Phone: \_\_\_\_\_

Date: \_\_\_\_\_

**Parent/Guardian Signature** giving permission to share this plan with Provider and School Staff: \_\_\_\_\_