Effective school year: _____

BISMARCK PUBLIC SCHOOLS

BPS Seizure Management Plan

Child's Name	**DOB**	**Grade**
Parent(s)/Guardian(s)	**School/Teacher**	
Parent/Guardian Phone Numbers: **Home:**	**Work:**	**Cell:**
Emergency Contact (Other Than Parent/Guardian)	**Emergency Phone**	
Physician/Phone **Neurologist/Phone**	**Hospital/Phone**	

SEIZURE MANAGEMENT INFORMATION

Type of Seizure My Child Experiences: (check appropriate boxes)

☐ **Generalized tonic clonic**: A convulsion. Falling to the ground with bodily stiffness followed by massive jerking movements.	☐ **Generalized absence**: A blank stare, lasting only a few seconds, often frequent. Can be mistaken for daydreaming or inattention.	☐ **Focal sensory aware:** Usually doesn't result in loss of consciousness. May cause uncontrolled shaking of arm, leg or other part of body; altered emotions; change in the way things look, smell, feel, taste or sound; sleep disturbance.	☐ **Focal impaired awareness:** Altered consciousness and usually causes memory loss. Starts with blank stare followed by repeated movements that seem out of place and mechanical. Child unaware of surroundings and may seem dazed. Can be mistaken for behavior problem.

Describe symptoms your child has during and after a seizure: _____

_____

Average length of seizure: _____ Frequency: _____

What triggers a seizure in your child? _____

Warning signs/behavior changes prior to seizure: _____

What medication does your child take at home for this condition?_____

What medication will your child take at school? _____

When did your child first have a seizure? _____

When was their last seizure? _____

Basic seizure first aid	**A seizure is considered an emergency when**
• Stay calm and track time • Keep child safe • Do not restrain • Do not put anything in mouth • Stay with child until fully conscious • Document seizure • Protect head • Turn child on side • Keep airway open/watch breathing	• Convulsive (tonic-clonic) seizure lasts longer than 5 min. • Student has repeated seizures without regaining consciousness • Student sustains significant injury • Student has a first-time seizure • Student has difficulty breathing after seizure subsides • Student has a seizure in water

(Continued on Back Side)

WHAT SHOULD SCHOOL STAFF DO IF YOUR CHILD HAS A SEZIURE IN SCHOOL?

(Plan of Action)

1._____
2._____
3._____
4._____
5._____

PARENT CARE AUTHORIZATION FOR:

- I understand that school personnel will make good faith efforts to provide medical care to my child and acknowledge school personnel will not be held legally or financially responsible for this care.
- I will notify the school immediately of any changes in my child's health status or medication.
- I give permission to School personnel to contact my child's physician as needed; and that education/health information may be shared with staff who need to know.

Parent/Guardian Signature of Approval (*Required*):_____ Date:_____

If your child requires medication at school, please fill out the following authorization and bring medication to school. Medication must be in its original container, with label attached – **small containers preferred**.

MEDICATION AUTHORIZATION:

Medication: _____ Strength: ____ How many: ____ Time to give at school:____

Route (*Circle One*: By mouth Inhaled/nasal Apply to skin Apply to eyes Drop into ears Other: _____)

Instruction for use: _____

Medication side effects: _____

Other information staff should know about student and this medication: _____

_____

Medication: _____ Strength: ____ How many: ____ Time to give at school: ____

Route (*Circle One*: By mouth Inhaled/nasal Apply to skin Apply to eyes Drop into ears Other: _____)

Instruction for use: _____

Medication side effects: _____

Other information staff should know about student and this medication: _____

_____

I give permission to Bismarck Public School personnel to administer the above named medication(s) to my child; *I also acknowledge that school personnel will not be held legally or financially responsible for the administration of this medication(s).*

Parent/Guardian Signature of Approval (*Required*):_____ **Date:**_____