## EMERGENCY CARE PLAN FOR SEIZURES DIVIDE COUNTY SCHOOL DISTRICT

Student Name			Date_		DC	)B
Parent/Guardian			Home Phone			
Work Phone			Cell Phone			
Additional Emerg	ency Contact Nam	e Number				
Physician Signati	ure			Phone		
Circle Type  Does this student	Absence(Petit- Simple Partial(	Gene Comp ? If so plea	Generalized Tonic Clonic (Grand Mal)  Complex Partial (Psychomotor) f so please list medications and possible side			
Symptoms that m	ay occur with this st	tudent's seizures	s include:			
Please detail other	er information that yo	ou wish the scho	ool to be awa	are of should	d a seizure oc	ccur:
<ul><li>Stay with child u</li><li>Ease to the floor</li></ul>	Seizure • Do no until fully conscious r to prevent falling	<ul><li>Record</li><li>Move s</li></ul>	l seizure act surrounding	tivity • F	Record start/e	
give the Emergen Where will the D On student (poc Medication IS req Notify parent of type of movemen	tment Call 911 if so cy Medication *Dias iastat/Oral Diazepa ket, binder, purse) uired at school all seizure activity.	stat Yes /No (cir am be kept (Circ Classroom Yes No If a seizure occ ed and the level	cle one) Ocle all that a Nurses Medication urs observed conscious	ral Diazepar apply) office authorization details of the sness. Docur	m Yes/No (december on file seizure such ment the obse	circle one)  Gym Locker Yes No ch as the duration, ervations.
as appropriate. This described in the plar "Emergency Care PI health status change	information will be shad an I approve of the about an in the event of an es, or there is a changer and contact the prescr	nared for the purpo ove "Emergency C emergency involv e or cancellation o	ose of providi are Plan" and ring my child. of this "Emerç	ng first aid or d request scho I will notify th gency Care Pl	other specific of other specific of other specific of the spec	o follow the above ediately if my child's agree that the school
harmless the Board of care in accord with not limited to costs a	nis authorization made of Education, the indiv n the above "Emerger nd reasonable attorne ne above "Emergency	vidual members th ncy Care Plan" fro ey's fees, caused	ereof and an m any claims	y officials or e or liability for	employees invo	olved in the rendering ages, including but
Does the student	ride the bus to sch	nool?		Yes	No	
Parent Signature				Date		