



TO BE MAINTAINED IN PERMANENT RECORD. DO NOT DESTROY.

Seizure Disorder

Emergency Care Plan for School/Field Trip

Name of Student: _____ Date of Birth: _____

Dear Parent:

We understand that your child has a seizure disorder. Please complete this form and return it to school as soon as possible. If your child needs medication at school, we must have a completed medication authorization form. It is your responsibility to inform after school staff regarding your child's medical needs. This Care Plan will be maintained on file for your student. If changes are needed to this Care Plan, please notify your School Nurse.

School Nurse _____ Phone _____

Date of last seizure _____ Current seizure medication _____
Emergency Medication _____ Triggers _____

Please circle the symptoms your child usually has during a seizure:

Non-convulsive seizures:

staring spells	unresponsiveness	confused
tic-like movements	head dropping	eyes roll upward
rapid blinking	mouth movements	dazed walking
jerking of arm/leg	behavioral changes	

Convulsive seizures:

body rigidity/jerking	drooling	tongue biting
interruption of normal breathing	period of unconsciousness	soiling clothes

INTERVENTIONS BY SCHOOL STAFF:

- Stay calm. **Do not leave student alone. Call first responders.**
- **DO NOT RESTRAIN MOVEMENT.** Once seizure starts, you cannot stop it. **DO NOT** put anything in the student's mouth.
- Help student lie on one side (to help prevent choking).
- Remove any dangerous objects nearby or pad them to prevent injury. Cushion student's head.
- Write down when seizure started and ended, as well as what you observe.
- Monitor student's breathing. If seizure has stopped and student is not breathing, start rescue breathing. **Call 911.**
- If student has emergency medication ordered, follow medication authorization for administration instructions.
- When seizure is over, allow student to rest.
- Contact parent/guardian.

CALL 911 IF:

• Seizure lasts more than five minutes	• Student is diabetic
• Student seizes repeatedly	• Student has no history of seizures

The school nurse may communicate with the student's health care provider(s):

Dr. _____ Phone _____

Parent/Guardian Signature _____

Date Completed _____

Teachers are responsible for establishing a means of notifying all others who may assume responsibility for this student (teacher assistants, substitute teachers, specialty teachers), that this plan exists.