

IHP/EAP for Student with Seizures

Name: _____ DOB: _____
 Parent/Guardian: _____ Phone: _____
 Other Emergency Contact: _____ Phone: _____
 Healthcare Provider: _____ Phone: _____

Significant Medical History: _____

Seizure Information			
Seizure Type	Length	Frequency	Description
Seizure triggers/warning signs:			Student's response after a seizure:

Basic First Aid:				
Please describe first aid procedure for this student: Does the student need to leave after a seizure? ☐ Yes ☐ No Does the student need to leave after multiple seizures? ☐ Yes ☐ No # _____ If YES, describe process for student's return:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Date of Last Seizure</th> </tr> <tr> <td style="padding: 5px;"> 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 </td> </tr> <tr> <td style="padding: 5px;"> For tonic-clonic seizure <ul style="list-style-type: none"> Protect head Keep airway open/watch breathing Turn child on side </td> </tr> </table>	Date of Last Seizure	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
Date of Last Seizure				
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 				

Emergency Response:		
A seizure emergency for this student is defined as:	Seizure Emergency Protocol <i>Check all that apply for student</i> <ul style="list-style-type: none"> ☐ Contact Nurse ☐ Contact 911 ☐ Notify Parent/Guardian ☐ Administer emergency medications as indicated below ☐ Notify Doctor ☐ Other: _____ 	A seizure is generally considered an emergency when: <ul style="list-style-type: none"> 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

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Emergency Med	Medication Name	Dosage & Time Given	Other instructions
☐			
☐			
☐			

Does the student have a Vagus Nerve Stimulator? ☐ Yes ☐ No

If YES, describe magnet use: _____

Special Considerations and Precautions (Activities, Sports, Trips, etc)

Physician Consent for Seizure IHP

I have reviewed and approved this management plan and included any recommended modifications. This consent is for a maximum of one year. If changes in procedure are indicated, I will provide written orders accordingly.

Physician Signature

Date _____

Parent Consent for Seizure IHP

I, as parent/guardian, concur with the above management plan, will provide the necessary supplies and equipment, and authorize the school nurse to contact the physician when necessary.

Parent Signature

Date _____