



Neenah Joint School District
410 S Commercial St.
Neenah, WI 54956

Picture

Seizure Management and Emergency Plan

Student _____ Date _____ Grade _____
Date of Birth _____ School _____ Teacher _____
Address _____ City _____ Zip Code _____

Emergency Contacts:

Name _____ Number _____ Relationship _____
Name _____ Number _____ Relationship _____
Name _____ Number _____ Relationship _____

Seizure Information:

Seizure Type	Length	Frequency	Description

Seizure triggers or warning signs:

Behavior of child after a seizure:

Basic First Aid: Care and Comfort

Basic Seizure First Aid

- Stay calm and begin to track time
- Stay with student
- Keep child safe-Remove any harmful objects
- Do not restrain-allow body to move freely
- Protect head
- Keep airway clear-Do not put anything in mouth
- If student is not awake, turn on their side if able or once seizure is complete

A seizure is generally considered an emergency when:

- Student has repeated seizures without regaining consciousness
- Convulsive (tonic-clonic) seizures
- Lasts longer than 5 minutes or emergency med given
- Student is injured or has diabetes
- Student has a first time seizure
- Student has breathing difficulties
- Student has a seizure in water

Emergency Response

(check all that apply)

- ☐ Call 911
☐ Administer Emergency Medications as listed in plan
☐ Notify Parent
Other _____

-OVER-

Student Name: _____ Student DOB: _____

Treatment Protocol During School Hours (Include Emergency Medications)

Medication	Dose	Time	Special Instructions	Expiration date

*All prescription medications must be in a properly labeled pharmacy box/bottle.

Please list any other accommodations, considerations, or precautions that need to be made.

Parent consent for management of health condition while at school or other school related activities

I, the parent/guardian of the above named student, request that this action plan be used to guide the care of my child in case of a health care emergency. I agree to:

- Provide the necessary supplies and equipment.
- Notify the school staff or school district nurse of any changes in the student's health status.
- Notify the school staff and complete new consent for changes in orders from the student's health care provider.
- Authorize the school nurse to communicate with my child's primary care physician or specialist regarding my child's health condition as needed.
- School staff interacting directly with my child may be informed about this health care plan.
- Submit new forms annually if the health condition still exists or inform the school that the condition no longer exists.

Parent/Guardian Signature _____ Date _____

Physician Information

Print Name of Provider _____ Clinic Name _____

Phone Number _____ Fax Number _____

Address _____

Signature of Provider _____ Date _____

Provider NPI # _____

By signing this form you are acknowledging this medication/Health plan is medically necessary for school