

Fox Chapel Area School District
Individualized Health Plan - Seizures

Student Information

This student is being treated for a seizure disorder. The information below should assist you if a seizure occurs during school hours.

Student's Name: _____ Date: _____
Parent/Guardian Name: _____ Home Phone: _____ Cell Phone: _____
Other Emergency Contact: _____ Home Phone: _____ Cell Phone: _____
Treating Physician: _____ Phone: _____
Significant Medical History: _____

Seizure Information

Seizure Type	Length	Frequency	Description

Seizure triggers or warning signs: _____

Student's response after a seizure: _____

Basic First Aid: Care & Comfort

Please describe basic first aid procedures:

Does student need to leave the classroom after a seizure? ☐ Yes ☐ No

If YES, describe process for returning student to classroom:

Basic Seizure First Aid

- 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: Protect head, keep airway open/watch breathing, turn child on side

A seizure is generally considered an emergency when:

- Convulsive seizure lasts longer than 5 minutes
- Repeated seizures without regaining consciousness
- Student is injured or has diabetes
- First-time seizure
- Breathing difficulties
- Seizure in water

Emergency Response

A 'seizure emergency' for this student is defined as: _____

Seizure Emergency Protocol (check all that apply):

- ☐ Contact school nurse at _____
- ☐ Call 911 for transport to _____
- ☐ Notify parent or emergency contact
- ☐ Administer emergency medications as indicated below
- ☐ Notify doctor
- ☐ Other _____

Treatment Protocol During School Hours

Emergency Medicine (Yes/No)	Medication	Dosage & Time of Day Given	Common Side Effects & Special Instructions

Does student have a vagus nerve stimulator? ☐ Yes ☐ No

If YES, describe magnet use: _____

Special Considerations and Precautions

Describe any special considerations or precautions:

Physician Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____