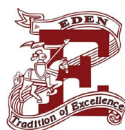


Eden Central Schools

Pupil Personnel Services
3000 Schoolview Road
Eden, New York 14057



Merrie Maxon
Director of Pupil Personnel Services

Phone (716) 992-3645
Fax (716) 992-3660

SEIZURE DISORDER

Student: _____ Grade: _____ DOB: _____

School Contact: _____ Documentation: ON FILE ATTACHED

Unrestricted access to: ☐ Backpack ☐ Cell phone

Mother: _____ Home #: _____ Work #: _____ Cell #: _____

Father: _____ Home #: _____ Work #: _____ Cell #: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

SYMPTOMS OF A SEIZURE EPISODE MAY INCLUDE ANY/ALL OF THESE:

- ☐ Tonic-Clonic Seizure:
 - o Entire body stiffens, jerking movements
 - o May cry out, turn bluish, be tired afterwards
- ☐ Absence Seizure:
 - o Staring spell, may blink eyes

Student
Photo

STAFF MEMBERS INSTRUCTED: ☐ Classroom Teacher(s) ☐ Special Area Teacher(s)
☐ Administration ☐ Support Staff ☐ Transportation Staff

TREATMENT:

Clear the area around the student to avoid injury.
DO NOT PUT ANYTHING IN THE STUDENT'S MOUTH
Place student on side if possible, speak to student in reassuring tone
Stay with student until help arrives

☐ Emergency Medical Services (911) should be called, student transported to hospital
Preferred Hospital if transported: _____

☐ **Emergency medication to be given by Nurse at onset of seizure**

☐ Student should be allowed to rest following seizure, call parent

Transportation Plan: ☐ Medication available on bus ☐ Medication NOT available on bus ☐ Does not ride bus

Special instructions: _____

Healthcare Provider: _____ Phone: _____

Signature of Healthcare Provider: _____ Date: _____

☐ Copy provided to Parent

Parent/Guardian Signature to share this plan with Provider and School Staff: _____

MAINTENANCE STRATEGIES INCLUDE:

MILD TO MODERATE REACTION SYMPTOMS:

Symptoms: _____

Intervention: _____

SEVERE REACTION SYMPTOMS:

Symptoms: _____

Intervention: _____
