



# HEALTHCARE PROVIDER ORDER FOR STUDENT WITH SEIZURE DISORDER

Student: \_\_\_\_\_ DOB: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_  
Health Care Provider: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
**SEIZURE INFORMATION:**  
Seizure Type: \_\_\_\_\_ Typical Length: \_\_\_\_\_ Frequency: \_\_\_\_\_  
What Happens:  
Behavior

Seizure triggers: \_\_\_\_\_ Seizure Aura/Warning Sign (if any): \_\_\_\_\_  
Student's response after a seizure: \_\_\_\_\_  
Anti-seizure medication taken at home: \_\_\_\_\_

## TREATMENT PROTOCOL DURING SCHOOL HOURS:

| MED NAME | DOSAGE | WHEN TO GIVE/SPECIAL INSTRUCTIONS |
|----------|--------|-----------------------------------|
|          |        |                                   |
|          |        |                                   |

Does the student have a Vagus Nerve Stimulator (VNS)? \_\_\_\_YES \_\_\_\_NO  
Does the student have a Responsive Neurostimulation (RNS) \_\_\_\_YES \_\_\_\_NO  
If YES, describe magnet use:

The above treatment has been prescribed by me, is necessary during school hours, and may be administered at school by a nurse or trained school staff:

Health Care Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- I understand that this form needs to be completed annually and updated with any changes during the school year.
- By signing this document, I give permission for this Health Care Provider to share information about this medication/procedure with the Registered Nurse.
- I assume full responsibility for providing the school with the prescribed medication and supplies necessary for treatment of my child's seizures.
- I am aware that 911 may be called.
- I give permission for trained school staff to administer prescribed emergency seizure treatment to my child if the nurse is not present at the building or off campus location.
- I acknowledge that the school district may not incur liability as a result of any injury arising from the administration of medication and that the parent shall indemnify and hold harmless the school district and it's employees and agents against any claims, except a claim based on an act of omission, that is the result of gross negligence, willful and wanton conduct, or an intentional tort.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### BASIC SEIZURE FIRST AID

- Stay with the person, time the seizure and record what happens during the seizure. Remain calm.
- Keep the person safe. Move or guide away from harmful objects.
- Turn the person onto their side if they are not awake and aware. Don't block the airway, put something small and soft under the head, loosen tight clothes around the neck.
- Do not put anything in their mouth. Don't give water, pills or food until the person is awake.
- Do not restrain.
- Stay with them until they are awake and alert after the seizure.

### CALL 911 FOR:

- First time seizure
- Seizure lasting longer than 5 minutes
- Repeated seizures
- Difficulty breathing
- If seizure occurs in water
- Person is injured, pregnant, or sick
- Person does not return to their usual state.

Epilepsy Foundation of America 2018