

SEIZURE MANAGEMENT

STUDENT _____ Birth Date _____ Grade/Teacher _____

Parents _____

Telephone Numbers – Home _____ Work _____ Cell _____

Other Emergency Contact Phone Numbers _____

Doctor _____ Phone _____ Hospital Preference _____

Neurologist _____ Phone _____ Fax _____

Please provide the following information on your child:

1. Type of seizure: _____ Usual frequency of seizures: _____
Date of last seizure: _____ Seizures started at age: _____

Events which may precipitate a seizure:

During the seizure, the student will exhibit:

a. _____

a. _____

b. _____

b. _____

c. _____

c. _____

Please list ALL medications taken:

Name	Dosage (amount)	Frequency (how often used)
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____
d. _____	_____	_____

School's Plan of Action In the Event of Seizures:

1. Keep calm.
2. Lay child down on his/her side to keep the tongue from falling back in the mouth and to maintain drainage of fluids and to prevent aspiration. **DO NOT** put anything in the mouth.
3. Do not restrain movements.
4. Loosen belt or any tight clothing around neck or waist.
5. Protect from injury. Keep environment safe. Remove objects that could cause harm.
6. Stay with child throughout seizure.
7. If convulsion lasts _____, call 911.
8. Notify parents immediately.
9. Document Seizure Activity on Seizure Log.
10. Details of the seizure need to be reported to the nurse.

Special considerations related to student's seizure while at school: _____

PARENT AUTHORIZATION

I, _____, request the above health care procedures and/or medication treatment be administered to my child at school. I understand that qualified, designated person(s) will be performing these health care services. I will notify the school immediately if my child's health status changes, or there is a change or cancellation of the procedure/medication(s). I authorize Monroe Public District to use and/or disclose the following above protected health information.

Parent/Guardian Signature

Date

Physician Signature

Date