



WARREN WOODS PUBLIC SCHOOLS SEIZURE HEALTH PLAN

Student Name: _____ Birthdate: _____ Grade: _____ School Year: _____

School: _____ Date Form Received by School: _____

Note: This school health plan must be signed by a parent and physician/licensed prescriber in order to be valid. Without both signatures, 911 will automatically be called at first sign of seizure activity.

SEIZURE HISTORY & STUDENT SPECIFIC INFORMATION -

Seizure Type/Description of Seizure: _____

Length of time a typical seizure lasts: _____ How often do seizures occur: _____

Warning signs/aura to seizure activity: _____

Date of last seizure: _____ Date of last exam for this condition: _____ Age of seizure diagnosis: _____

Past history of surgery for seizures: Yes No Devices: VNS RNS DBS - Placement date: _____

Diet Therapy: Ketogenic Low Glycemic Modified Atkins Other (describe): _____

Important medical history: _____

Other instruction/special considerations/precautions: _____

RESCUE THERAPY – *this portion to be filled out by physician/licensed prescriber*

1. If seizure (cluster, type, #, or length): _____

Medication to be given: _____ How much to give (dose): _____

How to give: _____

2. If seizure (cluster, type, #, or length): _____

Medication to be given: _____ How much to give (dose): _____

How to give: _____

EMERGENCY CONTACTS –

Call First
Name: _____
Relationship: _____
Home: _____
Cell: _____
Work: _____

Call Second
Name: _____
Relationship: _____
Home: _____
Cell: _____
Work: _____

Call Third
Name: _____
Relationship: _____
Home: _____
Cell: _____
Work: _____

Seizure First Aid

- ***STAY** calm, keep calm, begin timing seizure
- *Keep student **SAFE** – remove harmful objects, don't restrain, protect head
- ***SIDE** – turn on side if not awake, keep airway clear, don't put object in mouth
- ***STAY** until recovered from seizure
- *Write down what happens and when the seizure stopped

Responding to a Seizure

- First Aid – Stay. Safe. Side.
- Give rescue therapy as indicated
- Notify emergency contact
- Call 911

After a Seizure

- Encourage rest
- Continue to observe student & document episode
- Monitor breathing, for confusion, or lack of consciousness
- DO NOT give the student anything to eat or drink until fully conscious

A seizure is an emergency/call 911 when:

The seizure is accompanied by loss of consciousness, the student is not responding to the rescue medication, repeated seizures without regaining consciousness, difficulty breathing after a seizure, seizures in water, seizures in a diabetic or pregnant student, the seizure is convulsive

Physician/Licensed Prescriber order and agreement with this two-page protocol

Please check all that apply:

- Administer _____ (medication/dose) _____ (route) for seizures lasting longer than _____ minutes.
- No emergency rescue medication ordered at this time.
- The student may return to class/normal activity upon return to baseline and only if rescue medication has not been administered.
- Does student have a VNS/DBS/RNS Yes No
- If yes, please provide instructions: _____

Call 911 if (please check ALL that apply):

- Seizure does not stop by itself within _____ minutes.
- Anytime indicated rescue medication is administered (see above).
- ONLY if a seizure does not stop within _____ minutes after giving indicated rescue medication (see above).
- Anytime the student has a seizure at school.
- Other directions or medications: _____
- Physician/Licensed Prescriber (printed): _____ Phone: _____
- Physician/Licensed Prescriber Signature: _____

I give written authorization for the medication(s) listed in this plan to be administered, in school, by trained staff members, as appropriate and as ordered. I understand that my child's name may appear on a list with other students who have a seizure disorder, in order to better identify needs in an emergency. I consent to communication between the prescribing health care provider/clinic and trained school personnel for clarification of orders and medical information if needed.

Parent Signature: _____ Date: _____