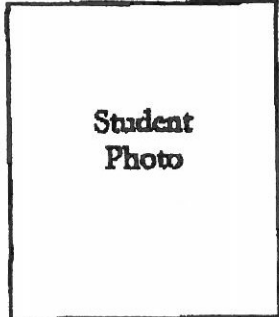


SEIZURE DISORDER

Student: _____ Grade: _____ School: _____ DOB: _____
 Mother: _____ MHome #: _____ MWork #: _____ MCell #: _____
 Father: _____ FHome #: _____ FWork #: _____ FCell #: _____
 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



STAFF MEMBERS INSTRUCTED:

- Administration
- Classroom Teacher(s)
- Special Area Teacher(s)
- Support Staff
- Transportation Staff

TREATMENT:

Clear the area around the student to avoid injury. Call for help.
 Have on-lookers to leave the area.
DO NOT PUT ANYTHING IN THE STUDENT'S MOUTH OR HOLD STUDENT DOWN
 Loosen tight clothing
 Place student on side if possible
 Note time a seizure starts and the length of time it lasts
 Stay with student until help arrives, speak to student in reassuring tone

If a seizure lasts more than _____ minutes, the student stops breathing, or a series of seizures takes place without student regaining consciousness, contact 911 for emergency assistance!

Preferred Hospital if transported: _____

- Emergency medication to be given by Nurse or trained staff 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: _____

Physician signature: _____ Phone: _____

Written by: _____ Date: _____

- Copy provided to Parent
- Copy sent to Healthcare Provider

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

This plan is in effect for the current school year and summer school as needed.