



SEIZURE EMERGENCY CARE PLAN

Name: _____ Grade: _____ Age: _____ Date of Birth: _____
School: _____ Homeroom Teacher: _____ Room: _____
Parent/Caregiver Name: _____ Phone (home): _____ (cell) _____
Address: _____ Phone (work): _____
Health Care Provider Treating Student for Seizure: _____ Ph: _____

To provide assistance to a pupil experiencing a seizure:

<u>If You See This</u>	
Type of Seizure	_____
Triggers which start a seizure	_____
Possible seizure signs	_____
Usual length of seizure:	_____
Other:	_____

<u>Do This</u>	
<ul style="list-style-type: none"> • Help the student to the floor, and place student on his or her side, if drooling or vomiting. • Clear any objects out of the way. • Place something soft and flat under the student's head. • Loosen any tight clothing. • Don't put anything in the student's mouth. • Monitor the student's breathing. • Do not try to stop the seizure, or hold the child down 	<ul style="list-style-type: none"> • Stay calm. • Look at the clock and see how long the seizure lasts. • Stay with the student until the seizure ends, comfort and allow him or her to rest afterwards. • If the child had a febrile seizure, be sure to begin to cool the child with cool cloths. • Reorient the child. • Notify parents, and document what happened in child's file. • OTHER: _____

CALL 911 if...

- Absence of breathing and/or pulse
- Seizure of 5 minutes or greater duration
- Two or more consecutive (without a period of consciousness between) seizures which total 5 minutes or greater
- Continued unusually pale or bluish skin/lips or noisy breathing AFTER the seizure has stopped

I authorize school personnel to implement this Seizure Emergency Plan as described above.

Health Care Provider Signature Date

I give my consent for school authorities to take appropriate action for the safety and welfare of my child. I give my consent for school authorities to communicate with the authorized health care provider when necessary. My child does not need services

Parent/Caregiver Signature Date