Seizure Care Plan

Student Name ______________________________ Date of Birth ________________________

Grade ______________ Physician ____

Date ________________ Person completing form ______________________________

Emergency Information

Parent/Guardian #1 ____

Phone: Home _______________________ Cell ____________________________________

Parent/Guardian #2 ____

Phone: Home _______________________ Cell ____________________________________

Type of Seizure:

( ) Generalized tonic-clonic (grand mal)

( ) Atonic

( ) Partial

( ) Absence (petit mal)

( ) Other ________________________________

Frequency of seizures? ____

Does your child have any triggers, warning signs, or experience an aura? ______________________________
____

Average length of seizure: ____

Does the seizure usually occur at a specific time of day/month? _________________________________

Special instructions for after a seizure: ____

List of Current Medications

Medication	Dose	Time

_______ Not currently on medication

_______ Off medication since ____

Other comments: ____

The signature below authorizes the school district to share the health information on this care plan with school personnel for the safety and well being of this student.

____ ________________

Signature Date

Seizure Care Plan

Seizures are caused by abnormal electrical discharges in the brain, and symptoms are often the result of what part of the brain that is stimulated. Seizure activity is **NOT** voluntary or behavioral. Some actions may seem intentionally directed toward others, but these impulses are involuntary.

In the event of a seizure:

- Remain calm
- Do NOT restrain the child
- Clear the area around the child
- Time the episode
- Place something soft under their head
- Place them on one side to ensure their airway remains open
- Loosen anything they may have around their neck or restricting clothing
- Do not put anything in their mouth
- Stay with the child
- Upon awakening from a generalized seizure the child may be confused, scared, and drowsy
- After the seizure be sure to notify the school nurse, the student's parents, and record the seizure in a log

A seizure is generally considered an emergency when:

- Convulsive (tonic-clonic) seizure lasts longer than 5 minutes
- Student has repeated seizures without regaining consciousness
- Student is injured or has diabetes
- Student has a first-time seizure
- Student has breathing difficulties
- Student has a seizure in water

Date	Time/Duration	Description of Seizure Activity	Pre-seizure Behavior/Activity	Post-seizure Behavior