



Name:	Birth date:
School:	Grade:

**THIS STUDENT IS BEING TREATED FOR A SEIZURE DISORDER. THE INFORMATION BELOW SHOULD ASSIST YOU IF A SEIZURE OCCURS DURING SCHOOL HOURS.**

Parent/Guardian:	Phone	Phone
Other Contact:	Phone	Phone
Home Address:		
Treating Physician:	Phone	Fax
Treating Physician:	Phone	Fax

**SEIZURE INFORMATION:**

Seizure Type	Average length	Description

Average frequency: \_\_\_\_\_  
 Seizure triggers or warning signs: \_\_\_\_\_  
 Student's reaction to seizure: \_\_\_\_\_

**BASIC FIRST AID: CARE & COMFORT:** (Please describe basic first aid procedures)

Follow Basic Seizure First Aid



Does student need to leave the classroom after a seizure?  YES  NO  
 If YES, describe process for returning student to classroom

**Basic Seizure First Aid:**

- ✓ Stay calm & track time
- ✓ Keep child safe
- ✓ Do not restrain
- ✓ Do not put anything in mouth
- ✓ Stay with child until fully conscious
- ✓ Record seizure in log

For tonic-clonic (grand mal) seizure:

- ✓ Protect head
- ✓ Keep airway open/watch breathing
- ✓ Turn child on side

**EMERGENCY RESPONSE:**

A "seizure emergency" for this student is defined as: \_\_\_\_\_



✓ Seizure Emergency Protocol: (Check all that apply and clarify below)

- Contact school nurse at \_\_\_\_\_
- Call 911 for transport to \_\_\_\_\_
- Notify parent or emergency contact
- Notify doctor
- Administer emergency medications as indicated below
- Other \_\_\_\_\_

A Seizure is generally considered an Emergency when:

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

**TREATMENT PROTOCOL DURING SCHOOL HOURS:**

Daily Medication	Dosage & Time of Day Given	Common Side Effects & Special Instructions

Emergency/Rescue Medication .

Does student have a **Vagus Nerve Stimulator (VNS)**?  YES  NO  
 If YES, Describe magnet use \_\_\_\_\_

**SPECIAL CONSIDERATIONS & SAFETY PRECAUTIONS:** (regarding school activities, sports, trips, etc.)

**Physician Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**School Nurse Consultant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_