



SEIZURE MANAGEMENT PLAN

SCHOOL YEAR: _____

STUDENT NAME:	DOB:
SCHOOL:	STUDENT ID:

MOTHER:	FATHER:
HOME PHONE:	HOME PHONE:
WORK:	WORK:
CELL:	CELL:
EMERGENCY CONTACT:	PHONE:

NEUROLOGIST:	PHONE:	FAX:
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Medical Conditions: _____

Seizure History:

- Date of first seizure _____
- Average length of time seizure lasts _____
- How often do seizures occur _____
- Usual time of day seizures occur _____
- Average time before student returns to regular activities after seizure _____
- Things that may trigger a seizure _____
- Possible warning and/or behavior changes prior to seizures _____
- Description of seizure _____
- Date of last seizure _____

Additional information

Medications (list all medications taken):	Dose:	Time:
Emergency medication: _____		As needed: see below

MANAGEMENT PLAN FOR SCHOOL (what to do if student has a seizure at school):

For any non-generalized seizure:

- Time, observe, and record seizure activity
- Keep student safe if disoriented, confused or wandering
- Reassure/reorient student and allow to rest if needed after seizure
- Contact parent as noted below

For Tonic/Clonic (generalized) seizure:

- Stay calm; remove bystanders; call for clinic worker/first responder
- Keep safe; remove potentially harmful objects; don't restrain student; protect head
- Keep airway clear; turn student on side if possible and watch breathing; nothing in mouth
- Administer emergency medication as noted below

Other seizure treatments (special diet, VNS instructions, emergency medication instructions, if applicable):

NOTIFY PARENT IF: _____

CALL 911 IF:

- *Tonic-Clonic Seizure lasts > 5 minutes or occurs during GCPS transportation to/from school*
- *There are multiple seizures without recovery between seizure activity*
- *Breathing/ pulse/behavior does not return to normal after seizure*
- *Significant injury occurs or is suspected*

School Clinic: Copy of this plan should be provided to transportation supervisor.

_____ Parent Signature Revised 3/2013, 4/2016	_____ Date	_____ School Nurse Signature Confidentiality must be maintained with regard to information on this form	_____ Date
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