

**HEALTH CARE PLAN**      **YEAR:** \_\_\_\_\_ **SCHOOL:** \_\_\_\_\_  
**NAME:** \_\_\_\_\_ **CONDITION: SEIZURES**  
**SENT:** \_\_\_\_\_ **RETURN:** \_\_\_\_\_

**D.O.B:** \_\_\_\_\_ **Grade/Teacher:** \_\_\_\_\_ **Bus: NO** \_\_\_\_\_ **Yes** \_\_\_\_\_ **Bus #** \_\_\_\_\_  
**Parents:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **School Nurse:** \_\_\_\_\_  
**Medical Supervisor:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**SEIZURE INFORMATION:**

Seizure Type	Length	Frequency	Description

Seizure triggers or warning signs: \_\_\_\_\_

Student's reaction to seizure: \_\_\_\_\_

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

**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 \_\_\_\_\_

**TREATMENT PROTOCOL DURING SCHOOL HOURS: (include daily and emergency medications)**

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

Emergency/Rescue Medication \*\*\* \_\_\_\_\_

Location of medication: \_\_\_ Office \_\_\_ With teacher \_\_\_ With student

**\*\*\*A completed Medication Authorization Form must be signed by both parent and physician and on file in the office before any medication can be given or carried at school.**

**SPECIAL CONSIDERATIONS & SAFETY PRECAUTIONS**

The parents/guardian signature on this care plan hereby gives permission for Dr. \_\_\_\_\_ and staff to exchange necessary confidential medical information contained in the records of \_\_\_\_\_, **DOB:** \_\_\_\_\_, School Nurse: . \_\_\_\_\_ I have reviewed and approve with the "Classroom Health Care Plan" for \_\_\_\_\_ as written above and agree with the information and instructions therein.

\_\_\_\_\_  
 Physician signature      Date      Parent/guardian signature      Date

\_\_\_\_\_  
 School Nurse signature      Date      School Administrator signature      Date

**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

\*\*\*\*\*

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 breathing difficulties
- ✓ Student has a seizure in water

