

**SEIZURE INDIVIDUAL HEALTH PLAN**

STUDENT \_\_\_\_\_ DOB \_\_\_\_\_ SCHOOL \_\_\_\_\_

GRADE/TEACHER \_\_\_\_\_ SCHOOL YEAR \_\_\_\_\_

PARENT/LEGAL GUARDIAN \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

PHYSICIAN \_\_\_\_\_ PHONE \_\_\_\_\_

1. What type of seizures does your child have and how often do they occur? Type: \_\_\_\_\_  
Date of last seizure: \_\_\_\_\_ Duration of seizure activity: \_\_\_\_\_  
Frequency of seizures: \_\_\_\_\_

2. What triggers the seizure?  
Briefly describe what happens during and after your child's seizure.

3. Does your child have an aura or warning of an on-coming seizure? Is she/he able to notify anyone of an on-coming seizure?

4. Please list the medications your child currently takes. How often and how much?  
At home \_\_\_\_\_  
At school \_\_\_\_\_

5. Please list any side effects to these medications that your child experiences?

6. Does your child have any physical activity limitations due to his/her seizure disorder?

7. What steps do you want school personnel to take if a seizure should happen?

**PLEASE NOTE:** We recommend a Seizure Action Plan for ALL children with seizure disorder. If your child needs medication during the school day, a **Seizure Action Plan- MD ORDER** and **medication authorization form** must be completed *every school year* by **parent and physician**. These forms may be obtained from your school secretary.

PLEASE READ THE EMERGENCY MEDICAL PLAN FOR SEIZURES ON THE REVERSE SIDE. ADD ANY FURTHER INSTRUCTIONS THAT YOU WISH FOR STUDENT. IF NO CHANGES, or NO FORM IS RETURNED, THIS WILL BE THE DEFAULT PLAN FOR YOUR CHILD.

**COMPLETE BACK OF PAGE ALSO**

Student's Name \_\_\_\_\_

Emergency Medication Location \_\_\_\_\_

**SEIZURES  
INDIVIDUAL HEALTH PLAN  
(For School Staff Use)**

**SYMPTOMS:** **ABSENCE (PETIT MAL):** brief loss of consciousness, minimal or no alteration in muscle tone, usually able to maintain postural control, frequently has minor movements or twitchings, often mistaken for inattention.

**TONIC-CLONIC (GRAND MAL):** loss of consciousness, student falls to floor or ground, breathing may stop for a moment, arms and legs may become rigid and move in rhythm with face, may be incontinent of urine or feces, may last several minutes, may want to sleep afterwards.

**INTERVENTION:**

1. Stay with student during and after seizure. Note duration of seizure and type of body movement during seizure episode. Ask another adult to time seizure and prepare to log student's actions on Seizure Log.
2. Assist to horizontal position if loss of consciousness occurs. Remove glasses, loosen clothing around neck.
3. Turn on side as soon as able.
4. Clear area around student, including concerned/curious bystanders.
5. DO NOT RESTRAIN MOVEMENT OR PLACE ANYTHING IN MOUTH.
6. **Monitor breathing.** Begin artificial respiration if breathing does not resume spontaneously.
7. Follow EAP for student with medication.
8. If no EAP, seizure lasts more than five minutes or student has one seizure after another without waking, call 911 and have transported to Emergency Department. Parent may divert ambulance if present and assumes responsibility for student. STAY WITH STUDENT CONTINUOUSLY UNTIL EMS ARRIVES. Notify school nurse if in building.
9. When seizure is over, allow student to rest and **always notify parents.**
10. Document on seizure log.
11. Notify school nurse of episode if not present.
12. Additional instructions:

PARENT/LEGAL GUARDIAN SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

SCHOOL NURSE SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_