



Seizure Disorder
Emergency Care Plan for School/Field Trip

Name of Student _____ School _____

Teacher/Grade _____ Date _____

Dear Parent:

We understand that your child has a seizure disorder. Please complete this form and return it to school as soon as possible. **If your child needs medication at school, we must have a completed medication authorization form. It is your responsibility to inform after school staff regarding your child's medical needs.**

School Nurse Phone

Date of last seizure _____ Current seizure medication _____

Emergency Medication _____

Please circle the symptoms your child usually has during a seizure:

Non-convulsive seizures:

- | | | |
|------------------------------|--------------------|------------------|
| staring spells (daydreaming) | unresponsiveness | confused |
| tic-like movements | head dropping | eyes roll upward |
| rapid blinking | mouth movements | dazed walking |
| jerking of arm/leg | behavioral changes | |

Convulsive seizures:

- | | | |
|----------------------------------|---------------------------|-----------------|
| body rigidity/jerking | drooling | tongue biting |
| interruption of normal breathing | period of unconsciousness | soiling clothes |

Interventions:

- Stay calm. **Do not leave student alone.**
- **Call first responders and parent/guardian.**
- This student has emergency medication located _____ /does not have emergency medication.
- **DO NOT RESTRAIN MOVEMENT.** Once seizure starts, you cannot stop it. **DO NOT** put **anything** in the student's mouth.
- Help student lie on one side (to help prevent choking).
- Remove any dangerous objects nearby or pad them to prevent injury. Cushion student's head.
- Write down when seizure started and ended, as well as what you observe.
- Monitor student's breathing. If seizure has stopped and student is not breathing, start rescue breathing. **Call 911.**
- When seizure is over, allow student to rest.

- Call 911 if:**
- Seizure lasts more than five minutes
 - Student is diabetic
 - Student seizes repeatedly
 - Student has no history of seizures

The school nurse may communicate with the student's health care provider(s):

Dr. _____ Phone _____

Parent/Guardian Signature _____ Date _____

Teachers are responsible for establishing a means of notifying all others who may assume responsibility for this student (teacher assistants, substitute teachers, specialty teachers), that this plan exists.

PEC APP 10/09 SDECP R11/10 R 4/15 Revised 2/16 Revised 3/18