



## 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.