

_____ Health Plan

Student's Photo here

PROTOCOL FOR SEIZURES

Student:	School:	Date:
Date of Birth:	Teacher	
Allergy to:		
Current Medication:		
Other Information: (include triggers and auras, other emergency medication)		
EMERGENCY CONTACTS		
Mother:	Home Phone:	Cell #
	Work Phone:	Pager #
Father:	Home Phone:	Cell #
	Work Phone:	Pager#
Other Contacts:		
Physician:	Phone:	Hospital:

PROTOCOL FOR SEIZURES

1. Notify Office to : .

- _____ Call 911 *if seizure last longer than 5 minutes*, and send for office assistance. Call Parent. (Students known to have periodic seizures may not require a 911 call for a single seizure of short duration.)
- _____ Call Parent to notify them of seizure after the seizure has ceased and the student is aroused
- _____ Page or call School nurse _____ at _____
- _____ Other:

2. Ease student to floor. If needed, loosen any clothing around neck and protect him/her from any sharp or hard objects in the area.
3. Do not force anything into his or her mouth
4. Roll him/her on his/her side to drain secretions and insure that student is able to breathe.
5. Administer _____ as prescribed by physician and monitor breathing rate, & color of student. ***(persons administering medication MUST have received training & clearance prior to administering medication)***
6. Observe **and record** the nature and length of the seizure. After Seizure has subsided, continue to monitor airway and breathing. (document on chart on the reverse of this form)
7. Allow student to rest after seizure subsides (when 911 call is NOT indicated)
OR
Remain with student until paramedics or other appropriate assistance arrives. If student is to go to the hospital with paramedics. A school staff member is to accompany student to hospital with copy of health enrollment card, and remain with student until parents arrive.

8. Student's school restrictions: _____

9. Other : _____

Physician Signature Date

School Nurse Signature Date

Parent Signature Date

Teacher Signature Date