



SEIZURE EMERGENCY CARE PLAN

Name: _____ Grade: _____ Age: _____ Date of Birth: _____
School: _____ Homeroom Teacher: _____ Room: _____
Parent/Caregiver Name: _____ Phone (home): _____ (cell) _____
Address: _____ Phone (work): _____
Health Care Provider Treating Student for Seizure: _____ Ph: _____

To provide assistance to a pupil experiencing a seizure:

<u>If You See This</u>
Type of Seizure _____
Triggers which start a seizure _____
Possible seizure signs _____
Usual length of seizure: _____
Other: _____

<u>Do This</u>	
<ul style="list-style-type: none"> • Help the student to the floor, and place student on his or her side, if drooling or vomiting. • Clear any objects out of the way. • Place something soft and flat under the student's head. • Loosen any tight clothing. • Don't put anything in the student's mouth. • Monitor the student's breathing. • Do not try to stop the seizure, or hold the child down 	<ul style="list-style-type: none"> • Stay calm. • Look at the clock and see how long the seizure lasts. • Stay with the student until the seizure ends, comfort and allow him or her to rest afterwards. • If the child had a febrile seizure, be sure to begin to cool the child with cool cloths. • Reorient the child. • Notify parents, and document what happened in child's file. • OTHER: _____

CALL 911 if...

- Absence of breathing and/or pulse
- Seizure of 5 minutes or greater duration
- Two or more consecutive (without a period of consciousness between) seizures which total 5 minutes or greater
- Continued unusually pale or bluish skin/lips or noisy breathing AFTER the seizure has stopped

I authorize school personnel to implement this Seizure Emergency Plan as described above.

Health Care Provider Signature

Date

Doy mi consentimiento para que las autoridades escolares tomen la acción apropiada para la seguridad y bienestar de mi hijo/a. Doy mi consentimiento para que las autoridades escolares se comuniquen con el médico de mi hijo/a, cuando sea necesario. Mi hijo/a no necesita los servicios.

Firma del padre de familia o encargado

Fecha