| PARENT/GUARDIAN complete and sign the  | of top portion of form   |
|--|--|
|  | Birth date:  |
|  | Phone:   |
|  | Phone:   |
| 9 /  | Grade:   |
|  | ss  hunger  temperature  Other:  |
| Seizure Aura (if any):   | Absence Date of last known seizure   |
| Antiseizure Medication Taken at Home Common  | side effects   |
|  |  |
| Other Seizure Treatments/Special Diet Therapy  |  |
| I give permission for school personnel to share this information, follow this plan, administer medication and care for my child and, if necessary, contact our health care provider. I assume full responsibility for providing the school with prescribed medication and devices. I approve this Seizure Emergency Care Plan for my child.                                  |  |
| PARENT SIGNATURE DATE  | SCHOOL NURSE SIGNATURE DATE   IEP  |
| HEALTH CARE PROVIDER to complete all items   |  |
| IF YOU SEE THIS:   | DO THIS:   |
| Convulsive Generalized Tonic Clonic: You will see loss of consciousness. Stiffening of the bod Rhythmic jerking movements. Convulsive seizures may last 1-5 minutes. The child may have a warning (aura) before the seizure. Sleepiness and confusion may occu after the seizure.  | <ul><li>3. Protect head, keep airway clear, turn on side if possible.</li><li>4. Do not place anything in mouth.</li></ul>   |
| <ul> <li>Focal:         These seizures may begin with an aura. They may be partly alert or unconscious. You may see lip smacking, chewing, eye blinking, or picking at clothes. These seizur usually last 1-2 minutes.     </li> <li>Absence: You will see quick changes in alertness. May see eye flutter or small twitching. Usually last less than 10 seconds.</li> </ul> | Time the seizure     Gently guide child away from danger.     Stay with student and reassure them until recovered from seizure.     Do not treat staring that is stopped by a touch or a nudge.     Call parent.     Administer rescue treatments as marked below. |
| Rescue Treatments  |  |
| ☐ Child has a VNS. Child/staff may swipe with aura. Sta<br>Give rescue medications below if seizure does   | aff may swipe at onset of seizure and every 60 seconds until seizure stops. not stop withinminutes.  |
| If seizure lasts longer than minutes administer:   |  |
| ☐ Diastatmg rectally ☐ Mid   | azolammg in the nose   |
| ☐ Multistep seizure rescue plan – Please see   | attached letter for details.   |
| If <u>cluster</u> of or more seizures in min administe   | er:  |
| ☐ Diastatmg rectally ☐ Mid   | azolammg in the nose   |
| ☐ Multistep seizure rescue plan – Please see   | attached letter for details.   |
| If emergency medication is administered:  Call 91 Other:   | 1 immediately or  Call 911 if seizure does not stop within 5 minutes   |
| If no emergency medication is at school and the child is experiencing seizures:  |  |
| Call family to bring medications to school or pick up child. Call EMS if seizure lasts more than min   |  |
| <b>Accommodations</b> : Always take seizure action plar<br>Close adult supervision when swimming or climbing   | n and emergency medication for school activities, sports and field trips   |
| HEALTH CARE PROVIDER SIGNATURE PRINT   | PROVIDER'S NAME PHONE/FAX DATE   |