

**This child is being treated for a seizure disorder.  
The information below should assist you if a seizure occurs during school hours.**

Student's Name	Date of Birth	
Parent/Guardian	Phone	Cell
Other Emergency Contact	Phone	Cell
Treating Physician	Phone	
Significant medical history		

### Seizure Information

Seizure Type	Length	Frequency	Description

Seizure triggers or warning signs \_\_\_\_\_ Student's reaction to seizure(s) \_\_\_\_\_

### Basic First Aid: Care & Comfort

Please describe basic first aid procedures \_\_\_\_\_

Does student need to leave the classroom after a seizure?  Yes  No

If YES, describe process for returning student to classroom \_\_\_\_\_

### Basic Seizure First Aid

- Stay calm & track time
- Keep child safe
- Do not restrain
- Do not put anything in mouth
- Stay with child until fully conscious
- Record seizure in log
- For tonic-clonic (grand mal) seizure:**
- Protect head
- Keep airway open/watch breathing
- Turn child on side

### Emergency Response

A "seizure emergency" for this student is defined as: \_\_\_\_\_

#### Seizure Emergency Protocol

(Check all that apply and clarify below)

- Contact school nurse at \_\_\_\_\_
- Call 911 for transport to \_\_\_\_\_
- Notify parent or emergency contact
- Administer emergency medications as indicated below
- Notify doctor
- Other \_\_\_\_\_

#### A seizure is generally considered an emergency when:

- Convulsive (tonic-clonic) seizure lasts longer than 5 minutes
- Student has repeated seizures without regaining consciousness
- Student is injured or has diabetic
- Student has a first-time seizure
- Student has breathing difficulties
- Student has a seizure in water

### Treatment Protocol During School Hours (include daily and emergency medications)

Emerg. Med. ✓	Medication	Dosage & Time of Day Given	Common Side Effects & Special Instructions

Does student have a **Vagus Nerve Stimulator**  Yes  No If YES, describe magnet use \_\_\_\_\_

### Special Considerations and Precautions (regarding school activities, sports, trips, etc.)

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_