

CARE FOR STUDENTS WITH SEIZURES

Emergency Plan for: _____ Grade: _____ Division: _____

Date of Birth: _____
y/m/d

Emergency Contact: _____
Surname first name

Phone: _____
cell home work

Relationship to Student: _____

Physician: _____

Picture I.D.

HISTORY

Type of seizure: _____

What happens during a seizure? _____

Warning signs before a seizure: _____

Date of last seizure: _____ How often do they occur? _____

Does student wear a Medic Alert bracelet/necklace?

Has parent spoken with teacher regarding child's care?

Is the student on medication? Yes No If yes, for how long? _____

Possible side effects to the medication(s): _____

EMERGENCY TREATMENT

1. Keep calm. Remove hard or sharp objects that may injure student.
2. Lower student onto the floor; **protect head**; do not restrain movements.
3. Do not put anything between teeth and do not give anything to drink.
4. When seizure has subsided, turn onto side gently with face downward.
5. Stay with student and provide reassurance and privacy.
6. Call 911 if seizure lasts more than five minutes, or if student has several in a row.
7. Notify parents

Name of person completing form: _____ Parent/Guardian Student Other

Date form completed _____