

Norfolk Public School Seizure Health Care Plan

Student's Name: _____ School: _____ Date: _____

Primary Care Physician: _____ Phone: _____

Specialty MD: _____ Phone: _____

Parent/Guardian: _____ Phone: _____ Wk: _____ Cell: _____

Emergency Contact: _____ Phone: _____ Allergies: _____

Seizure Management Plan

Identify warning signs & symptoms your child displays during a seizure

Identify conditions that trigger the seizure (e.g. noise, blinking lights):

How often do the seizures occur:
 If your child's seizures are infrequent we will notify you when one occurs
 If your child's seizures are frequent how often do you wish to be notified? _____ Date of last seizure: _____

Average length of seizure

Type of Seizure Grand Mal Petit mal other

- During a Seizure:**
- Always stay with the student
 - Position student to avoid choking on saliva
 - Move the student to the floor if able to, and clear area of hazards (hard or sharp objects)
 - Do not restrain student or put anything in their mouth
 - Roll up something soft and place under the student's head
 - Loosen any tight clothes and remove glasses if applicable
 - Have someone remain with student until conscious and no longer confused

What procedures do you want us to follow if a seizure occurs at school

Has hospitalization been needed in the last year for seizures? Yes No

Make Emergency Call to 911:
 A seizure lasts longer the _____ minutes
 Any signs of respiratory distress (stops breathing or turns dusky/blue
 Other: _____

After a Seizure Document the seizure, making note of 3 areas: What happened before, during, and after the seizure
 * allow the student to rest

Other health concerns or information you wish to share for this student:

Medications:	Dose/times:
Dietary restrictions	Other restrictions

In reviewing your child's health record an indication of "seizures" was noted. Please complete the above information and return to your child's school nurse. If your child's seizure activity changes during the school year, please inform the school nurse. If you have any questions please call the school nurse. Thanks for your assistance.

School nurse: _____

Date: _____

*Parent/guardian: _____
 *Signature required

Date: _____

M.D.: _____

Date: _____