THE PUBLIC SCHOOLS OF BROOKLINE HEALTH CARE PLAN FOR SEIZURE DISORDER

Name: D	OOB:		
School/Teacher:	Grade:		
Seizure Management Plan:			
Student's Warning Signs:			
Student's seizures usually look like:			
During a Seizure:			
 Note time of onset 			
Always stay with the child			
Notify school nurse			
Move the child to the floor, if able to, and clear area around child of hazards (hard/sharp abjects)			
objects)Do not restrain child or put anything in child's mouth			
• Roll up something soft and place under the			
Loosen any tight clothing and remove gla			
Have someone remain with child until co			
Emergency Seizure Medication:			
CALL 911 FOR:			
 A seizure lasting longer than minu 			
 Any signs of respiratory distress (stops breathing or turns dusky/blue) 			
 If emergency seizure medication is admir Other: 			
After a Seizure:			
• If you do not suspect a head, neck or spine injury roll child to his/her side			
Allow child to rest			
 Child may loose control of bowel and bladder, cover to avoid embarrassment 			
Notify the parent			
 Document the seizure, making note in 3 areas – what happened before, during and after the seizure 			
Help other children deal with the seizure what to do	. Talk about seizures, why they happen and		

More information on other side →

Other Pertinent Information:				
Other health concerns:				
Other Medications:	Dose/Time:			
Plan for Field Trips:				
<u> </u>				
			Date:	
Parent Signature				
			Date:	
M.D. Signature (or med. Authorization form)				
Dietary concerns/restrictions:				
Contact Information:				
Parent/Guardian 1:	Parent/Guardian 2:			
Home Phone:	Home Phone:			
Work Phone;	Work Phone;			
Cell Phone:	Cell Phone:			
Student Home Address:				
<u></u>				
<u></u>				
Emergency contact:		Phone	<u>:</u>	
Primary Care Physician:		Phone:		
Speciality MD:		Phone	•	
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School Nurse:		Phone	<u></u>	