

THE PUBLIC SCHOOLS OF BROOKLINE
HEALTH CARE PLAN FOR SEIZURE DISORDER 11/10

Name:	DOB:	
School/Teacher:	Grade:	
<u>Seizure Management Plan:</u>		
Student's Warning Signs:		

Student's seizures usually look like:

- During a Seizure:**
- Note time of onset
 - Always stay with the child
 - Move the child to the floor, if able to, and clear area around child of hazards (hard/sharp objects)
 - Do not restrain child or put anything in child's mouth
 - Roll up something soft and place under the student's head
 - Loosen any tight clothing and remove glasses if applicable

Emergency Seizure Medication:

- CALL 911 FOR:**
- A seizure lasting longer than _____ minutes
 - Any signs of respiratory distress (stops breathing or turns dusky/blue)
 - If emergency seizure medication is administered
 - 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 lose 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. Talk about seizures, why they happen and what to do

More information on other side →

Other Pertinent Information:

Other health concerns:

Other Medications:

Dose/Time:

Plan for Field Trips:

Safety Plan During Transport:

Parent Signature

Date:

M.D. Signature (or med. Authorization form)

Date:

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:

Emergency contact:

Phone:

Primary Care Physician:

Phone:

Speciality MD:

Phone:

School Nurse:

Phone:

