

CARE PLAN FOR A STUDENT WITH SEIZURE HISTORY

NORRIS PUBLIC SCHOOLS
25211 S. 68TH STREET
FIRTH, NE 68358

THIS PLAN IS FOR THE
SCHOOL YEAR FROM _____
TO _____

Your Child's Name : _____ **CURRENT GRADE IN SCHOOL** _____

Parent's Phone Number: Home) _____ Work) _____ Cell) _____

Physician Providing Seizure Care: _____ Phone: _____

PLEASE DESCRIBE YOUR CHILD'S SEIZURES

What type of seizure(s) does your child have? _____

What do the seizures look like?: _____

List any warning signs and triggers: _____

How long do the seizures typically last and how does your child feel after a seizure? _____

Please list any seizure controlling medication: _____

List any necessary classroom adjustments and field trip instructions: _____

Basic First Aid Emergency Care Procedures

For all Seizures:

- ❖ ALWAYS STAY WITH THE CHILD UNTIL FULLY CONSCIOUS
- ❖ STAY CALM AND TRACK TIME
- ❖ CLEAR AREA AROUND CHILD OF HAZARDS
- ❖ DO NOT RESTRAIN
- ❖ DO NOT PUT ANYTHING IN THE MOUTH
- ❖ DISPERSE OTHER CHILDREN OR ONLOOKERS
- ❖ AFTER SEIZURE, ALLOW CHILD TO REST AND NOTIFY PARENTS
- ❖ DOCUMENT EVENTS BEFORE, DURING, AND AFTER SEIZURE IN A SEIZURE LOG

For Grand Mal Seizures: follow above list and also

- ❖ MOVE CHILD TO FLOOR IF ABLE
- ❖ POSITION THE CHILD ON HIS/HER SIDE IF ABLE, TO AVOID CHOKING ON SALIVA
- ❖ PLACE SOMETHING SOFT UNDER THE HEAD
- ❖ LOOSEN TIGHT CLOTHING AND REMOVE GLASSES
- ❖ PROTECT THE CHILD'S PRIVACY: SEIZURE CAN CAUSE INCONTINENCE
- ❖

Any other or different instructions from parent and physician?

Call 911 when:

PARENT/GUARDIAN SIGNATURE _____ **DATE** ____/____/____