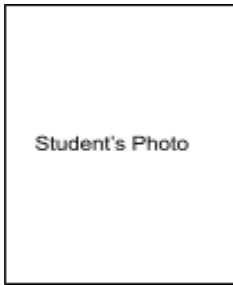


School Nursing Seizure Emergency Action Plan

Medications may be administered at school by school personnel when necessary for school attendance. This completed form, along with the medication and/or special equipment items are to be brought to the school by the parent/guardian.



I, the parent/guardian of _____ DOB _____/_____/_____, request that the building administrator or his/her designee administer the medication or procedure listed below as directed. I give my consent for the exchange of information between the school and my child's health care provider. I give permission to share, if necessary, this information with school personnel who may be involved with the welfare of my child. I fully realize I can withdraw my request/consent in writing at any future date.

As a parent/guardian, I understand my responsibilities are:

1. To provide the school with a supply of medication in the original container, appropriately labeled by the pharmacy. And/or any supplies needed to administer the medication.
2. To provide the school with the written doctor's instructions for medication administration during school hours and that medication will not be administered until signed doctor's instructions are at school.
3. To inform the school of any medical changes.
4. I will assume responsibility for safe delivery of the medication to school.
5. To provide the school with this signed consent form annually and when changes in medication occur.
6. I release and agree to hold the Board of Education, its officials and its employees harmless from any and all liability foreseeable or unforeseeable for damage or injury resulting directly or indirectly from this authorization.

Significant medical history:

Seizure Type	Length	Frequency	Description

Seizure trigger or warning signs:

Student's reaction to seizure:

A seizure emergency for this student is defined as:

Procedure for student after seizure is:

Seizure Emergency Protocol: (Check all that apply and clarify below)

- ☐ Activate school MERT (medical emergency response team)
- ☐ Call 911 to transport to _____
- ☐ Notify parent or emergency contact
- ☐ Notify doctor
- ☐ Administer emergency medications as indicated below
- ☐ Complete seizure observation record. Copy to physician.
- ☐ Other: _____

Daily Medication	Dosage & Time Of Day Given

Emergency Medication	Dosage	Common Side Effects & Special Instructions

Does student have a **Vagus Nerve Stimulator (VNS)**? Yes No

If YES, describe magnet use:

Special considerations/Precautions (regarding school activities, sports, trips, etc.):

I have discussed and developed a plan, with the school nurse, for appropriate support during school emergencies.

Signature of Parent/Guardian: _____ Relationship: _____

Date: _____ Emergency Contact Phone # _____

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TO BE COMPLETED BY PHYSICIAN

PLEASE REVIEW PARENT-PROVIDED INFORMATION, SIGN, AND RETURN TO PARENT

Physician's Name Printed

Physician's Signature

____/____/____
Date

Physician's Address

____-____-____
Phone

____-____-____
Fax

If A Seizure Of Any Type Occurs:

- ☐ Stay calm! Reassure others who may be nearby
- ☐ Remove other students from classroom
- ☐ Loosen clothing at neck and waist; remove eyeglasses (if applicable); protect head with arms, lap, cushioning material
- ☐ Clear away furniture and other objects from area
- ☐ TIME the seizure and document event on seizure observance record
- ☐ Allow seizure to run its course; DO NOT restrain or insert anything into student's mouth. DO NOT try to stop purposeless behavior
- ☐ Administer emergency medication per doctor's order

Seek Emergency Care (Call 911 and parent) If a Child Experiences any of the Following:

- ☐ Absence of breathing and/or pulse
- ☐ Seizure of 5 minutes or greater duration (or as described in student's health plan)
- ☐ Two or more consecutive (without a period of consciousness between)
- ☐ No previous history of seizure activity
- ☐ Continued unusually pale or bluish skin/lips or noisy breathing after the seizure has stopped
- ☐ Student is injured during seizure
- ☐ Has seizure in water

Call 911 at onset of seizure if IHP per parent request or physician order