



Kimberly Area School District

Health Services

Cindy Vandenberg, School Nurse 423-4144

Kathy Verstegen, School Nurse 423-4147

Wendy Van Nuland, School Nurse 423-4150

Student's
Picture

PO Box 159 Combined Locks, WI 54113

Fax (920) 788-7919

Student's Name:		DOB:	Date:
School Attending:		Grade:	Bus Student: Yes No
Health Condition: Seizure – Emergency Care			
Seizure Type	Length	Frequency	Description
Seizure triggers or warning signs:			
Student's response after a seizure:			
Basic Seizure First Aid <ul style="list-style-type: none">Stay calm and track timeKeep child safeDo not restrainDo not put anything in mouthStay with child until fully consciousRecord seizure in log For tonic-clonic seizure: <ul style="list-style-type: none">Protect headKeep airway open/watch breathingTurn child on side		A Seizure is Generally Considered an Emergency When <ul style="list-style-type: none">Convulsive (tonic-clonic) seizure lasts longer than 5 minutesStudent has repeated seizures without regaining consciousnessStudent is injured or has diabetesStudent has a first-time seizureStudent has breathing difficultiesStudent has a seizure in water Call ambulance if <ul style="list-style-type: none">Diastat is given.Seizure lasts longer than 5 minutes or seizure lasts less than 5 minutes and is followed by another seizure.Parent or emergency contact can not be reached	
A "seizure emergency" for this student is defined as:			
Emergency Medication	Dosage	Common Side Effects & Special Instructions	
Has Emergency Medication ever been administered? Yes _____ No _____ If YES, date of last dose:			
Medication Consent: I hereby give permission to designated trained school personnel to give medication to my child during the school day, including when away from school property on official school business, according to the written instructions of the doctor as shown on this form. I also hereby agree to give my permission to the school nurse and/or school personnel to contact the child's physician if needed. I hereby give permission to designated school personnel to notify other appropriate school personnel and classroom teachers of medication administration and possible adverse effects of the medication. I further agree to hold the Kimberly Area School District, and the KASD employee(s) who is (are) administering the medication harmless in any or all claims arising from the administration of this medication at school. I agree to notify the school at the termination of this request or when any change in the above orders is necessary.			
I have reviewed the health plan for my child. (Please choose below) _____ The plan is correct as written. _____ The plan is correct with the changes noted above.			
Student health information/plans are shared via email, copies and/or staff meetings with grade level teachers, coaches, bus co. and office staff.			
Elementary/Intermediate Students ONLY: Yes _____ No _____ I would also like ALL school staff to be aware of my child's health condition via powerpoint presentation at an ALL school staff inservice.			
Parent's Signature:		Date:	
Physician's Signature:		Date:	
Revised 05/2014			
Principal's Initials:			

Student Name:				
Date & Time				
Seizure Length				
Pre-Seizure Observation (Briefly list behaviors, triggering events, activities)				
Conscious (yes/no/altered)				
Injuries (briefly describe)				
Muscle Tone/Body Movements	Rigid/clenching			
	Limp			
	Fell down			
	Rocking			
	Wandering around			
	Whole body jerking			
Extremity Movements	(R) arm jerking			
	(L) arm jerking			
	(R) leg jerking			
	(L) leg jerking			
	Random Movement			
Color	Bluish			
	Pale			
	Flushed			
Eyes	Pupils dilated			
	Turned (R or L)			
	Rolled up			
	Staring or blinking (clarify)			
	Closed			
Mouth	Salivating			
	Chewing			
	Lip smacking			
Verbal Sounds (gagging, talking, throat clearing, etc.)				
Breathing (normal, labored, stopped, noisy, etc.)				
Incontinent (urine or feces)				
Post-Seizure Observation	Confused			
	Sleepy/tired			
	Headache			
	Speech slurring			
	Other			
Length to Orientation				
Parents Notified? (time of call)				
EMS Called? (call time & arrival time)				
Observer's Name				