



For a child who has been diagnosed with a seizure disorder by a Medical Provider.

Child's name:	
Date of birth:	
School:	

Allergies: _____

THIS SECTION TO BE COMPLETED BY PARENT OR GUARDIAN

1. CURRENT SEIZURE MEDICATION:

Name: (e.g. sodium valporate)	Dose Regime: (e.g. 8am-200mg / 8pm-400mg)

HAS EMERGENCY SEIZURE MEDICATION BEEN PRESCRIBED? Yes No

2. DATE OF LAST SEIZURE:

SEIZURE DESCRIPTION:

Name the type of seizure, if known, but more importantly, describe what happens before, during, and after the seizure, remembering to include separate descriptions if the person has more than one type of seizure. Also, provide information about the duration & frequency of seizures.

3. POSSIBLE TRIGGERS:

4. OTHER SEIZURE TREATMENTS: Surgery Ketogenic Diet Vagal Nerve Stimulator (VNS)

Specific Instructions / Relevant Information

5a. OTHER MEDICAL CONDITIONS:

5b. OTHER CURRENT MEDICATION:

Name:—	Dose Regime:—

THIS SECTION TO BE COMPLETED BY MEDICAL PROVIDER

BASIC FIRST AID FOR GENERALIZED SEIZURE:

- | | |
|----|---|
| 1. | If falling assist child to floor, turn on side |
| 2. | Loosen clothing at neck and waist; protect head from injury |
| 3. | Clear away furniture and other objects from area |
| 4. | Have another adult direct students away from area & activate e-team for assistance |
| 5. | TIME THE SEIZURE |
| 6. | Allow seizure to run its course; DO NOT restrain or insert anything into the child's mouth |
| 7. | Do not try to stop purposeless behavior |
| 8. | During a general or grand mal seizure expect to see pale or bluish discoloration of the skin or lips & hear noisy breathing |

Student Name**IF SMALLER SEIZURE OCCURS** (e.g.,) lip smacking, behavior outburst, staring, twitching of mouth or hands)

1.	Assist child to comfortable position
2.	Time the seizure
3.	Stay with the child, speak gently, and help child to get back on task following seizure

IF STUDENT EXHIBITS:

1.	Absence of breathing or pulse
2.	Convulsive (tonic/clonic) seizure that lasts longer than 5 minutes
3.	Repeated seizures without regaining consciousness
4.	Continued unusually pale or bluish skin or lips or noisy breathing after the seizure has stopped

INTERVENTION:

1.	Call 911 & call for school emergency team assistance
2.	Begin CPR
3.	Notify school nurse & parent or emergency contact.

WHEN SEIZURE COMPLETED:

1.	Seizures are often followed by sleep
2.	The child may also be confused - this may last from 15 minutes to an hour.
3.	Reorient and assure child <ol style="list-style-type: none"> a. Assist child into clean clothing if necessary b. Allow child to rest, as desired after seizure, with adult supervision. c. Allow child to eat, as desired, once fully aware and oriented.
4.	After the sleeping period, the child should be encouraged to participate in normal class activities.
5.	Update parent or guardian. Child may remain in school if no further concerns.
6.	Record seizure on Seizure Activity Log

6. DESCRIBE ANY ADDITIONAL MEDICAL CARE YOU WANT HERE:

7. OTHER SPECIFIC INSTRUCTIONS FOR THIS CHILD:

1.	Does this child have Physical Education or Activity restrictions? <input type="checkbox"/> Yes <input type="checkbox"/> No List: —
2.	Can this child ride the school bus? (bus drivers provide basic first aid for seizures and call 911) <input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Does this child require special busing to and from school? <input type="checkbox"/> Yes <input type="checkbox"/> No

EMERGENCY MEDICATION AUTHORIZATION**EMERGENCY SEIZURE MEDICATION:**

Medication	Dose	Route

List side effects to report to practitioner & parent: —

PROVIDER AUTHORIZATION:

Licensed Medical Provider Authorization Signature	Date

PARENT/GUARDIAN CONSENT:

I authorize the school nurse to exchange information verbally or in writing with the prescribing provider regarding this medication or the health condition for which it is prescribed.

Parent Authorization & Signature	Date

EMERGENCY CONTACTS:

Name/Relationship		Phone:	
Name/Relationship		Phone:	
Doctor		Phone:	

Mail to:	Health Office, Pulaski Community School District, 2007 County Road U, Green Bay WI 54313
Fax to:	(920) 865-6402