

Pulaski County Schools
Seizure Disorder Health Care and Emergency Plan

Student's Name: _____ Date of Birth ___/___/___ Date of Plan: _____
 Parent/Guardian: _____ Phone: _____ Cell: _____
 Treating Physician: _____ Phone: _____ Fax: _____

Seizure Information			
Seizure Type	Length	Frequency	Description

Seizure triggers or warning signs: _____

Basic Seizure First Aid	A Seizure is generally considered an emergency when:
<ul style="list-style-type: none"> • Stay calm & track time • Keep child safe • Do not restrain • Do not put anything in mouth • Stay with child until fully conscious • Record seizure in log <p>For tonic-clonic seizure</p> <ul style="list-style-type: none"> • Protect head • Keep airway open/watch breathing • Turn child on side 	<ul style="list-style-type: none"> • Convulsive (tonic-clonic) seizure lasts longer than 5 minutes • Student has repeated seizures without regaining consciousness • Student is injured or has diabetes • Student has a first-time seizure • Student has breathing difficulties • Student has a seizure in water • Student is pregnant

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

Contact school nurse at _____

Call 911 for transport to _____

Notify parent or emergency contact _____

Administer emergency medications as indicated below

Notify doctor _____

Other _____

Treatment Protocol during School Hours (include daily and emergency medications)

Emergency Med. <input type="checkbox"/>	Medication	Dose/Time/Route	Common Side Effects & Special Instructions

Does student have a Vagus Nerve Stimulator? Yes No If Yes, describe magnet use: _____

Special Considerations and Precautions (regarding school activities, sports, field trips, etc.)

Describe any special considerations or precaution: _____

Physician Signature: _____ Date: _____
 Parent/Guardian Signature: _____ Date: _____