



## School Seizure Individual Health 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.

### TO BE COMPLETED BY PARENT/GUARDIAN

I, the parent/guardian of \_\_\_\_\_ date of birth \_\_\_\_\_ 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 fully realize I can withdraw my request/consent in writing at any future date.

As a parent, I understand my responsibilities are:

1. To provide the school with a supply of medication in the original container appropriately labeled by the pharmacy.
2. To provide the school with the written doctor's instructions for medication administration during school hours.
3. To inform the school of any medical changes.
4. To provide the school with this signed consent form annually and when changes in medication occur.

Parent/Guardian: \_\_\_\_\_ Signature: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Seizure Type: \_\_\_\_\_

Be aware of the following seizure triggers: \_\_\_\_\_

Usual length of seizures: \_\_\_\_\_ Date of last Seizure: \_\_\_\_\_

Average frequency of seizures (daily, monthly etc.): \_\_\_\_\_

Describe what happens during the seizure: \_\_\_\_\_  
\_\_\_\_\_

MEDICATIONS TO BE GIVEN AT SCHOOL:		
<i>Name of Medication*</i>	<i>Dosage</i>	When To Use

MEDICATIONS TAKEN AT HOME INCLUDE:	
<i>Name of Medication</i>	Dosage and Time

***\*if Diastat (Diazepam) is ordered, include Diastat (Diazepam) Protocol form***

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician's Name (printed): \_\_\_\_\_

Phone Number: \_\_\_\_\_ FAX Number: \_\_\_\_\_

**See reverse side for seizure procedures**

Date: \_\_\_\_\_ Baseline Weight: \_\_\_\_\_ Height: \_\_\_\_\_ Pulse: \_\_\_\_\_ RR: \_\_\_\_\_  
BP: \_\_\_\_\_

### **If Falling or Generalized Jerking:**

- Assist student to floor
- Turn on side with mouth toward floor so oral secretions or vomitus flow out
- Administer medication if indicated on reverse side
- Maintain airway

### **If Focal, Motor, or Smaller Local Seizures: (e.g., lip smacking, behavior outburst)**

- Assist student to comfortable/sitting position
- Time the seizure and document event on seizure log

### **If Seizure of Any Type Occurs:**

- Remain Calm! And reassure others who may be nearby.
- 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 log.
- Allow seizure to run its course; DO NOT restrain or insert anything into student's mouth. DO NOT try to stop purposeless behavior
- During a general or grand mal seizure expect to see pale or bluish discoloration of the skin/lips

### **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
- 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 in IHP per parent request or physician order