Grand Haven
Area Public Schools
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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.

School:_____Grade_____

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:		
Name of Medication*	***Dosage***	When To Use

MEDICATIONS TAKEN AT HOME INCLUDE:	
Name of Medication	Dosage and Time

Physician Signature: _____

Physician's Name (printed): _____ **Date:** _____

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