

**Effective Date** 

The information below	reated for a selzure disc should assist you if a s	elzure occur			
Student's Name			Date of Birth		
Parent/Guardian		F	Phone	Cell	
Other Emergency Contact			Phone	Cell	
Treating Physician			Phone		
Significant medical histor	У				
Seizure Information					
Seizure Type	Length F	requency	Description		
Seizure triggers or warni	ng signs	Student's	reaction to seizure(s)	<del></del>	
				Basic Selzure First Ald	
Basic First Aid: Care & Comfort  Please describe basic first aid procedures				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 For tonic-cionic (grand mai) seizure: Protect head Keep airway open/watch breathing Turn child on side	
Does student need to leave the classroom after a seizure?  If YES, describe process for returning student to classroom  Emergency Response					
A "seizure emergency" for this student is defined as	Seizure Emergen (Check all that apply  Contact school Call 911 for tra	Seizure Emergency Protocol (Check all that apply and clarify below)  Contact school nurse at  Call 911 for transport to  Notify parent or emergency contact		A seizure is generally considered an emergency when Convulsive (tonic-cionic) 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	
	☐ Administer em ☐ Notify doctor ☐ Other				
Treatment Protocol	During School Hours	(include da	nily and emergency medic	cations)	
Emerg. Med. / Medication	Dosage & Time of Day G			octs & Special Instructions	
Does student have a Va	gus Nerve Stimulator	∐ Yes ∐	No If YES, describe mag	net use	
Special Considerati	ons and Precautions	(regarding	school activities, sports,	trips, etc.)	
Physician Signature			Date		
Parent/Guardian Signa	iture		Date		