HEALTH MANAGEMENT PLAN
SEIZURE
SCHOOL YEAR: _____

STUDENT NAME:	**DOB:**	
SCHOOL:	**STUDENT ID:**	
MOTHER:	**FATHER:**	
HOME PHONE:	**HOME PHONE:**	
WORK:	**WORK:**	
CELL:	**CELL:**	
EMERGENCY CONTACT:	**PHONE:**	
NEUROLOGIST:	**PHONE:**	**FAX:**

Seizure History:

- Date of first seizure_____
- How often do seizures occur_____
- Average length of time seizure lasts_____
- Usual time of day seizures occur _____
- Average time before student returns to regular activities after seizure _____
- Things that may trigger a seizure_____
- Possible warning and/or behavior changes prior to seizures_____ _____
- Description of seizure_____
- Date of last seizure_____

Other medical conditions_____

Medications (list all medications taken):	**Dose:**	**Time:**
Emergency medication:_____		As needed: see below

For any non-generalized seizure:

- Time, observe, and record seizure activity
- Keep student safe if disoriented, confused or wandering
- Reassure/reorient student and allow to rest if needed after seizure
- Contact parent as noted below

For Tonic/Clonic (generalized) seizure:

- Stay calm; remove bystanders; call for clinic worker/first responder
- Keep safe; remove potentially harmful objects; don't restrain student; protect head
- Keep airway clear; turn student on side if possible and watch breathing; nothing in mouth
- Administer emergency medication as noted below

Other seizure treatments (special diet, VNS instructions, emergency medication instructions, if applicable):

_____

_____

NOTIFY PARENT IF:_____

CALL 911 IF:

- ***Tonic-Clonic Seizure lasts > 5 minutes or occurs during GCPS transportation to/from school***
- ***There are multiple seizures without recovery between seizure activity***
- ***Breathing/ pulse/behavior does not return to normal after seizure***
- ***Significant injury occurs or is suspected***

School Clinic: Copy of this plan should be provided to Transportation Supervisor.

_____ _____

Parent Signature Date **School Nurse Signature Date**

Confidentiality must be upheld when talking to other parents or outside persons. Information about students and family is strictly confidential.

Rev. 12/2015