



**SEIZURE**  
**Health Management Plan**  
 SCHOOL YEAR: \_\_\_\_\_

<b>STUDENT NAME:</b>	<b>DOB:</b>
<b>SCHOOL:</b>	<b>STUDENT ID:</b>

<b>MOTHER:</b>	<b>FATHER:</b>
<b>HOME:</b>	<b>HOME:</b>
<b>WORK:</b>	<b>WORK:</b>
<b>CELL:</b>	<b>CELL:</b>
<b>Other Emergency Contact:</b>	<b>Phone:</b>
<b>Neurologist:</b>	<b>Phone:</b> <span style="float: right;"><b>Fax:</b></span>
<b>Hospital Preference:</b>	

**SEIZURE Type:** \_\_\_\_\_ **Length:** \_\_\_\_\_ **Frequency:** \_\_\_\_\_ **Date of Last Seizure:** \_\_\_\_\_

**Description of seizure(s):** \_\_\_\_\_  
**Seizure triggers/warning signs:** \_\_\_\_\_

**STUDENT HISTORY (including other medical conditions):**

**MEDICATIONS (include name, dose, frequency):**

**EMERGENCY MEDICATION:**

<p><b>Basic Seizure First Aid</b></p> <ul style="list-style-type: none"> <li>• Stay calm, observe, time</li> <li>• Keep student safe if wandering or confused</li> <li>• Stay with student until fully conscious</li> <li>• Record seizure activity</li> <li>• Contact parent</li> </ul>	<p><b>Tonic-Clonic (generalized) Seizure First Aid</b></p> <ul style="list-style-type: none"> <li>• Call for clinic worker and remove bystanders</li> <li>• Turn on side, protect head, remove potentially harmful objects, do not restrain, nothing in mouth</li> <li>• Keep airway open</li> <li>• Contact parent</li> <li>• Administer emergency medication as prescribed</li> </ul>
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<p><b>Treatments, Considerations, Precautions:</b></p>	<p><b>CALL 911 IF:</b></p> <ul style="list-style-type: none"> <li>• Seizure lasts &gt; 5 min or multiple seizures without recovery</li> <li>• Injury occurred or is suspected</li> <li>• Breathing does not return to normal</li> <li>• First-time seizure or student has diabetes</li> <li>• Emergency medication is administered</li> </ul>
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*School Clinic: Copy of plan to be provided to Transportation Supervisor*

\_\_\_\_\_  
 PARENT SIGNATURE/DATE

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 COUNTY SCHOOL NURSE SIGNATURE/DATE

Information about students and family is strictly confidential.