SEIZURE EMERGENCY CARE PLAN

To Be Completed by the Health Care Provider

CAM High School
1000 Victory Park Road
Anita, IA 50020
712-762-3600 712-762-3713 (fax)

Name: _____ Grade: _____ Age: _____ Date of Birth: _____
School: _____ Homeroom Teacher: _____
Parent/Caregiver Name: _____ Phone (home): _____ (cell) _____
Address: _____ Phone (work): _____
Health Care Provider Treating Student for Seizure: _____ Ph: _____

To provide assistance to a pupil experiencing a seizure:

If You See This

Type of Seizure _____
Triggers which start a seizure _____
Possible seizure signs _____
Usual length of seizure _____
Other: _____

Do This

- Help the student to the floor, and place student on his or her side, if drooling or vomiting
- Place something soft and flat under the student's head.
- Stay calm.
- Do not try to stop the seizure, or hold the child down
- Stay with the student until the seizure ends, comfort and allow him or her to rest afterwards.
- *Reorient the child.
- Notify parents, and document what happened in child's file.
- Clear any objects out of the way.
- * Loosen any tight clothing.
- Monitor the student's breathing.
- Don't put anything in the student's mouth.
- Look at the clock and see how long the seizure lasts.
- If the child had a febrile seizure, be sure to begin to cool the child with cool cloths.
- OTHER: _____

CALL 911 if...

- Absence of breathing and/or pulse
- Seizure of 5 minutes or greater duration
- Two or more consecutive (without a period of consciousness between) seizures which total 5 minutes or greater
- Continued unusually pale or bluish skin/lips or noisy breathing AFTER the seizure has stopped

I authorize school personnel to implement this Seizure Emergency Plan as described above.

Health Care Provider Signature _____ Date _____

I give my consent for school authorities to take appropriate action for the safety and welfare of my child. I give my consent for school authorities to communicate with the authorized health care provider when necessary. My child does not need services

Parent/Caregiver Signature _____ Date _____