

**Student's Name:** \_\_\_\_\_  
**Parent/Guardian Name(s):** \_\_\_\_\_  
**School Attending:** \_\_\_\_\_ **Grade:** \_\_\_\_\_  
**Practitioner:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_  
**School Year:** \_\_\_\_\_  
**Practitioner Phone:** \_\_\_\_\_

Seizures are no longer an issue for my child. (Please sign and return Action Plan)

Significant medical history/summary:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SEIZURE INFORMATION:** When was your child diagnosed with seizures or epilepsy? \_\_\_\_\_

<i>Seizure Type</i>	<i>Length</i>	<i>Frequency</i>	<i>Description</i>

Date of last Seizure \_\_\_\_\_

Seizure triggers or warning signs: \_\_\_\_\_

Student's reaction to seizure: \_\_\_\_\_

**BASIC FIRST AID: CARE & COMFORT:** (Please describe additional basic first aid procedures)

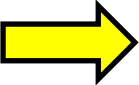
Does student need to leave the classroom after a seizure? YES NO  
 If YES, describe process for returning student to classroom:  
 \_\_\_\_\_

- |  |
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| <p><b>Basic Seizure First Aid:</b></p> <ul style="list-style-type: none"> <li>✓ Stay calm &amp; track time</li> <li>✓ Keep child safe</li> <li>✓ Do not restrain</li> <li>✓ Do not put anything in mouth</li> <li>✓ Stay with child until fully conscious</li> <li>✓ Record seizure type &amp; time in log</li> </ul> <p><u>For tonic-clonic (grand mal) seizure:</u></p> <ul style="list-style-type: none"> <li>✓ Protect head</li> <li>✓ Keep airway open/watch breathing</li> <li>✓ Turn child on side</li> </ul> |
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**EMERGENCY RESPONSE:**

A "seizure emergency" for this student is defined as:  
 \_\_\_\_\_

<p><b>A Seizure is generally considered an Emergency when:</b></p> <ul style="list-style-type: none"> <li>✓ A convulsive (tonic-clonic) seizure lasts longer than 5 minutes</li> <li>✓ Student has repeated seizures without regaining consciousness</li> <li>✓ Student has a first time seizure</li> <li>✓ Student is injured or has diabetes</li> <li>✓ Student has breathing difficulties</li> <li>✓ Student has a seizure in water</li> </ul>
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<p><b>ACTION:</b></p> <p><b>CALL 911</b></p> <ul style="list-style-type: none"> <li>✓ Stay with the student until help arrives</li> <li>✓ Call parent/guardian AND school nurse</li> <li>✓ Administer emergency medication as listed below</li> <li>✓ CPR if needed, get AED and use if needed per training</li> </ul>
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**MEDICATIONS/DOSES:**


- Administer Diastat rectal gel for seizure lasting longer than \_\_\_\_ minutes.  
 Dose \_\_\_\_\_  
 Other: \_\_\_\_\_
- Administer \_\_\_\_\_ for seizure lasting longer than \_\_\_\_ minutes.  
 Dose \_\_\_\_\_  
 Other: \_\_\_\_\_

**CALL 911 IF: (please check and complete)**

- Seizure does not stop by itself in \_\_\_\_ minutes
- Anytime medication is given
- Only if seizure does not stop in \_\_\_\_ minutes after giving medication
- Other: \_\_\_\_\_  
 \_\_\_\_\_

Please remember that all medications need to be picked up by Parent/Guardian at the end of the year.  
Unclaimed medication will be discarded.

- I hereby give permission to WC's trained staff to give the medication(s) to my child according to the directions stated above and further authorize them to contact the child's practitioner with any concerns regarding medication administration. I agree to hold the Wonewoc-Center School District, its employees and agents who are acting within the scope of their duties harmless in any and all claims arising from the administration of this medication at school.
- I give the school staff, including the district designated health care professional, permission to call me with any concerns regarding medication administration.

 **Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Reviewed By (School Nurse):** \_\_\_\_\_ **Date:** \_\_\_\_\_