



**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 _____ • Average length of time seizure lasts _____
- How often do seizures occur _____ • 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

<p>For any non-generalized seizure:</p> <ul style="list-style-type: none"> • 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 	<p>For Tonic/Clonic (generalized) seizure:</p> <ul style="list-style-type: none"> • 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
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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.