

Student's Name	Date of Birth
Parent/Guardian	Phone _____ Cell _____
Other Emergency Contact	Phone _____ Cell _____
Treating Physician	Phone _____
Significant Medical History _____	

Seizure Information			
Seizure Type	Length	Frequency	Description

Seizure triggers or warning signs: _____ Student's response after a seizure: _____

Basic First Aid: Care & Comfort	
Please describe basic first aid procedures: _____	
Does student need to leave the classroom after a seizure?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, describe process for returning student to classroom: _____	

Basic Seizure First Aid
<ul style="list-style-type: none"> Stay calm & track time Keep child safe Do not restrain Do not put anything in mouth Stay with child until fully conscious Record seizure in log <p>For tonic-clonic seizure:</p> <ul style="list-style-type: none"> Protect head Keep airway open/watch breathing Turn child on side

Emergency Response	
A "seizure emergency" for this student is defined as:	<p>Seizure Emergency Protocol (Check all that apply and clarify below)</p> <p><input type="checkbox"/> Contact school nurse at _____</p> <p><input type="checkbox"/> Call 911 for transport to _____</p> <p><input type="checkbox"/> Notify parent or emergency contact</p> <p><input type="checkbox"/> Administer emergency medications as indicated below</p> <p><input type="checkbox"/> Notify doctor</p> <p><input type="checkbox"/> Other _____</p>

A seizure is generally considered an emergency when:
<ul style="list-style-type: none"> Convulsive (tonic-clonic) seizure lasts longer than 5 minutes Student has repeated seizures without regaining consciousness Student is injured or has diabetes Student has a first-time seizure Student has breathing difficulties Student has a seizure in water

Treatment Protocol During School Hours (include daily and emergency medications)			
Emerg. Med. ✓	Medication	Dosage & Time of Day Given	Common Side Effects & Special Instructions

Does student have a **Vagus Nerve Stimulator**? Yes No If YES, describe magnet use: _____

Special Considerations and Precautions (regarding school activities, sports, trips, etc.)
Describe any special considerations or precautions: _____

Physician Signature _____ Date _____
 Parent/Guardian Signature _____ Date _____