Reading School District Health Services
Seizure Care Plan

Student Name: _____ **DOB:** _____ **Grade:** _____
Parent Name: _____ **Phone**: _____ **Cell**: _____
Emergency Contact Name: _____ **Phone**: _____

Type of seizures: _____ **Seizure length/ frequency**: _____

Daily Medications: _____

Physician's Request for Medication Use at School

Treatment Protocol During School Hours (include daily and emergency medications)

Daily Medication	Dosage & Time of Day Given	Common Side Effects & Special Instructions

Emergency/ Rescue Medication: _____
Medication **Dose** **When to be administered**

Does student have a **Vagus Nerve Stimulator (VNS)**? YES NO
If YES, Describe magnet use _____

Call 911 if seizure activity lasts longer than _____ minutes or _____

Any special considerations/ safety precautions: _____

Physician Name: _____ **Phone:** _____

Physician signature: _____ **Date**: _____

I, the parent/guardian of _____ request that the employees (nurse, principal, or principal designee) of the Reading School District administer the above named medication as prescribed by my child's physician. My signature on this document constitutes a complete waiver of liability claim in any and all respects against the Reading School District and its Board of Directors and all employees unless the District is negligent with regard to any claim for injury in connection with administration of the medication.

Additionally, **I agree to hand deliver** the medication to the nurse's office in the original pharmacy or physician labeled container. I also accept responsibility to provide a physician's note and my written instructions if the medication is to be changed or discontinued. I give my permission for the school and physician to communicate regarding this medication and medical condition.

_____ _____ _____
Date Printed Parent/Guardian Name Parent/Guardian Signature

7/08

Basic Seizure First Aid:
- ✓ **Stay calm & track time**
- ✓ **Keep child safe**
- ✓ **Do not restrain**
- ✓ **Do not put anything in mouth**
- ✓ **Notify Certified School Nurse**
- ✓ **Stay with child until fully conscious**

For tonic-clonic (grand mal) seizure:
- ✓ **Protect head**
- ✓ **Keep airway open/watch breathing**
- ✓ **Turn child on side**

A Seizure is generally considered an Emergency when:
- ✓ **A convulsive (tonic-clonic) seizure lasts longer than 5 minutes**
- ✓ **Student has repeated seizures without regaining consciousness**
- ✓ **Student has a first time seizure**
- ✓ **Student is injured or has diabetes**
- ✓ **Student has breathing difficulties**
- ✓ **Student has a seizure in water**

Certified School Nurse Signature: _____ Date: _____