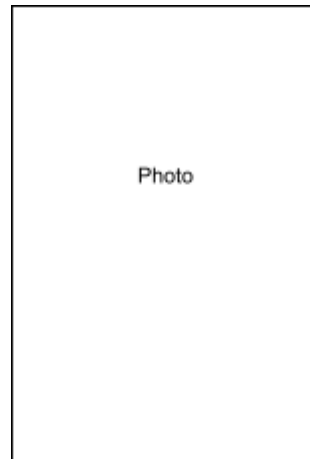


# School Nursing Seizure Emergency Action Plan

Medications may be administered at school by school personnel when necessary for school attendance. This completed form, along with the medication and/or special equipment items are to be brought to the school by the parent/guardian.



I, the parent/guardian of \_\_\_\_\_ date of birth \_\_\_\_\_ request that the building administrator or his/her designee administer the medication or procedure listed below as directed. I give my consent for the exchange of information between the school and my child's health care provider. I fully realize I can withdraw my request/consent in writing at any future date. I give permission to share, if necessary, this information with school personnel who may be involved with the welfare of my child.

As a parent, I understand my responsibilities are:

1. To provide the school with a supply of medication in the original container appropriately labeled by the pharmacy.
2. To provide the school with the written doctor's instructions for medication administration during school hours. And that medication will not be administered until signed doctors instructions are at school
3. To inform the school of any medical changes.
4. I will assume responsibility for safe delivery of the medication to school
5. To provide the school with this signed consent form annually and when changes in medication occur.
6. I release and agree to hold the Board of Education, its officials and its employees harmless from any and all liability foreseeable or unforeseeable for damage or injury resulting directly or indirectly from this authorization.

Significant medical history: \_\_\_\_\_

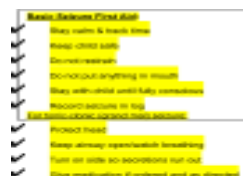
Seizure Type	Length	Frequency	Description

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

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

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

Procedure for student after seizure: \_\_\_\_\_



Seizure Emergency Protocol: (Check all that apply and clarify below)

**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
- Change in type or frequency of seizure

- Activate school MERT (medical emergency response team)
- Call 911 for transport to \_\_\_\_\_
- Notify parent or emergency contact
- Notify doctor

# School Nursing Seizure Emergency Action Plan

- Administer emergency medications as indicated below
- Complete seizure observance record. Copy to physician.
- Other \_\_\_\_\_

Daily Medication	Dosage & Time of Day Given	

Emergency Medication	Dosage	Common side Effects and special Instructions

Does student have a **Vagus Nerve Stimulator (VNS)**? YES NO

If YES, Describe magnet use \_\_\_\_\_

Special Considerations/Precautions (regarding school activities, sport, trips, etc.) \_\_\_\_\_

**I have discussed and developed a plan, with the school nurse, for appropriate support during school emergencies.**

Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

**PLEASE REVIEW PARENT PROVIDED INFORMATION, SIGN AND RETURN**

\_\_\_\_\_  
Physician's name printed

\_\_\_\_\_  
Physician's signature

Physician's address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Date: \_\_\_\_\_

**If Seizure of Any Type Occurs:**

- Remain Calm! And reassure others who may be nearby.
- Remove other students from classroom.
- Loosen clothing at neck and waist; remove eyeglasses (if applicable); protect head with arms, lap, cushioning material
- Clear away furniture and other objects from area
- TIME the seizure and document event on seizure observance record.
- Allow seizure to run its course; DO NOT restrain or insert anything into student's mouth. DO NOT try to stop purposeless behavior

## School Nursing Seizure Individualized Health Plan

- |                          |                                   |
|--------------------------|-----------------------------------|
| <input type="checkbox"/> | <b>Fennville Public Schools</b>   |
| <input type="checkbox"/> | <b>Hamilton Public Schools</b>    |
| <input type="checkbox"/> | <b>Holland Christian Schools</b>  |
| <input type="checkbox"/> | <b>Holland Public Schools</b>     |
| <input type="checkbox"/> | <b>West Ottawa Public Schools</b> |

- Administer emergency medication per doctor's order.

### **Seek Emergency Care (*Call 911 and parent*) If a Child Experiences any of the Following:**

- Absence of breathing and/or pulse
- Seizure of 5 minutes or greater duration (or as described in student's health plan)
- Two or more consecutive (without a period of consciousness between)
- No previous history of seizure activity
- Continued unusually pale or bluish skin/lips or noisy breathing after the seizure has stopped
- Student is injured during seizure
- Has seizure in water.

Call 911 at onset of seizure if in IHP per parent request or physician order