



**HEALTH MANAGEMENT PLAN  
SEIZURE  
SCHOOL YEAR: \_\_\_\_\_**

<b>STUDENT NAME:</b>		<b>DOB:</b>	
<b>SCHOOL:</b>		<b>STUDENT ID:</b>	
<b>MOTHER:</b>		<b>FATHER:</b>	
<b>HOME PHONE:</b>		<b>HOME PHONE:</b>	
<b>WORK:</b>		<b>WORK:</b>	
<b>CELL:</b>		<b>CELL:</b>	
<b>EMERGENCY CONTACT:</b>		<b>PHONE:</b>	
<b>NEUROLOGIST:</b>		<b>PHONE:</b>	<b>FAX:</b>

**Seizure History:**

- Date of first seizure \_\_\_\_\_
- How often do 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 \_\_\_\_\_

• Average length of time seizure lasts \_\_\_\_\_

• Usual time of day seizures occur \_\_\_\_\_

**Other medical conditions**

Medications (list all medications taken):	Dose:	Time:
Emergency medication: _____		As needed: see below

<p><b>For any non-generalized seizure:</b></p> <ul style="list-style-type: none"> <li>• Time, observe, and record seizure activity</li> <li>• Keep student safe if disoriented, confused or wandering</li> <li>• Reassure/reorient student and allow to rest if needed after seizure</li> <li>• Contact parent as noted below</li> </ul>	<p><b>For Tonic/Clonic (generalized) seizure:</b></p> <ul style="list-style-type: none"> <li>• Stay calm; remove bystanders; call for clinic worker/first responder</li> <li>• Keep safe; remove potentially harmful objects; don't restrain student; protect head</li> <li>• Keep airway clear; turn student on side if possible and watch breathing; nothing in mouth</li> <li>• Administer emergency medication as noted below</li> </ul>
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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
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Confidentiality must be upheld when talking to other parents or outside persons. Information about students and family is strictly confidential.