

## STUDENT

First: \_\_\_\_\_

Last: \_\_\_\_\_

DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

## PARENT

Parent's Names: \_\_\_\_\_

Father Cell: \_\_\_\_\_

Mother Cell: \_\_\_\_\_

→ PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Number: \_\_\_\_\_  
(other than parent)

## SIGNIFICANT MEDICAL HISTORY (Please list below or provide additional documentation.)

## SEIZURE INFORMATION

SEIZURE TYPE	LENGTH	FREQUENCY	DESCRIPTION

Seizure triggers or warning signs:

Medication for Aura (student carry):

Student's response after seizure:

## BASIC FIRST AID: CARE & COMFORT

Does student need to leave the classroom after a seizure?  Yes  No

Does student self carry seizure medication?  Yes  No

## EMERGENCY RESPONSE

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

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

Contact school nurse at (704) 366-5657, ext. 2155.

Call 911 for transport to \_\_\_\_\_

Notify parent or emergency contact

Notify doctor

Administer emergency medications as indicated below

Other \_\_\_\_\_

## BASIC SEIZURE FIRST AID

- Stay calm
  - Keep child safe
  - Do not restrain
  - Do not put anything in mouth
  - Stay with child until fully conscious
  - Record seizure in log
- For tonic-clonic 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 five 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

## TREATMENT PROTOCOL DURING SCHOOL HOURS (Include daily and emergency medications.)

EMERGENCY MEDICATION	MAINTENANCE 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: \_\_\_\_\_

PHYSICIAN NAME PRINTED: \_\_\_\_\_ PHONE: \_\_\_\_\_

**ALL MEDICATION WILL BE DISCARDED IF NOT PICKED UP BY MAY 27, 2022.  
THE ABOVE MEDICATION ORDER IS VALID FOR ONE YEAR FROM THE DATE SIGNED BY THE PHYSICIAN.**