

MIDDLEBORO PUBLIC SCHOOLS

SEIZURE HEALTH CARE PLAN

Name:	Date:	Photo
Birth Date:		
School:	Grade:	
Teacher:		
Seizure Care Plan:		
Type of Seizure:		
Date of Last Seizure:		
Typical Seizure Pattern:		

Student's Warning signs and/or triggers:
Student's seizures usually look like:

<p><u>During a Seizure:</u></p> <ul style="list-style-type: none"> • Always stay with the child • TIME the seizure • Position on side if possible to avoid choking : OPEN AIRWAY • Move the child to the floor, if able to, and clear area around child of hazards (hard/sharp objects) • Do not restrain child or put anything in child's mouth • Roll up something soft and place under the student's head • Loosen any tight clothing and remove glasses if applicable • Have someone remain with child until conscious and no longer confused 	<p>Protect Child's head *Clear the Room * CALL FOR THE NURSE</p>
<p><u>After a Seizure:</u></p> <ul style="list-style-type: none"> • Allow child to rest • Notify the parent • Document the seizure, making note in 3 areas — what happened before, during and after the seizure • Help other children deal with the seizure. Talk about seizures, why they happen and what to do 	
<p><u>Plan after a Seizure:</u></p>	

CALL 911 for:

- A seizure lasting longer than 5 minutes or if child turns dusky / blue
- Any signs of respiratory distress
- Other:

Other Health Concerns:

Medications:	Dose / Time:

Parent Signature:*	Date:
M.D. Signature:	Date:
*Signature required	

Contact Information

Parent / Guardian:	Home Phone:
1.	Work: Cell:
2.	Work: Cell:

Home Address:

Emergency Contact:	Phone:
Primary Care Physician:	Phone:
Neurologist:	Phone:
Affiliated Hospital:	Phone: