Student's
Photo here

____ Health Plan

PROTOCOL FOR SEIZURES

Student:	School:		Date:	
Date of Birth:	Teacher			
Allergy to:				
Current Medication:				
Other Information: (include triggers and auras, other emergency medication)				
	EMERGENCY	CONTACTS		
Mother:	Home Phone:		Cell #	
	Work Phone:		Pager #	
Father:	Home Phone:		Cell #	
	Work Phone		Pager#	
Other Contacts:				
Physician:	Phone:		Hospital:	
	FOCOL FOR SEIZU	<u>RES</u>		
1. Notify Office to : .				
Call 911 <u>if seizure last longer than 5 minutes,</u> and send for office				
assistance. Call Parent. (Students known to have periodic seizures may not				
require a 911 call for a single seizure of short duration.)				
2. Ease student to floor. If needed, loosen any clothing around neck and protect him/her from any sharp				
or hard objects in the area. 3. Do not force anything into his or her mouth				
4. Roll him/her on his/her side to drain secretions and insure that student is able to breathe.				
5. Administeras prescribed by physician and monitor breathing rate, &				
color of student. (persons administering medication MUST have received training & clearance prior to				
administering medication)				
6. Observe and record the nature and length of the seizure. After Seizure has subsided, continue to				
monitor airway and breathing. (document on chart on the reverse of this form)				
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 Allow student to rest after seizure subsides (when 911 call is NOT indicated) OR 				
Remain with student until paramedics or other appropriate assistance arrives.				
If student is to go to the hospital with paramedics. A school staff member is to accompany				
student to hospital with copy of health enrollment card, and remain with student until				
parents arrive.				
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8. Student's school restrictions:				
0. Other:				
9. Other :				
				
Physician Signature	Date	School Nurse Signature	Date	
Parent Signature	Date	Teacher Signature	Date	