**SEIZURE DISORDER**

Student:       Grade:       DOB:\_\_\_\_\_\_\_\_\_\_\_ Bus #:\_\_\_\_\_\_\_\_/Car Rider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Aura or sign seizure is coming:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Known Seizure: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daily Medications:       School Year:\_\_\_\_\_\_\_\_\_\_\_\_\_ School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teacher:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SYMPTOMS OF A SEIZURE EPISODE MAY INCLUDE ANY/ALL OF THESE:**

**Tonic-Clonic Seizure: Grand mal**

* Entire body stiffens, jerking movements
* May cry out, turn bluish, be tired afterwards
* Clenched jaw
* Stop Breathing
* Headache
* Loss of Consciousness
* Incontinence(Loss of Bladder Control)

**Absence Siezure:Petit mal**

* Staring spell, may blink eyes(eye fluttering)
* Hand twitching
* Lip Smacking
* Absence Spells
* Often mistaken for lack of attention
* Stop talking Abruptly
* Alert after spell

**First Aid for Seizure Activity:**

⬩Ease the student to the floor and clear the area around the student to avoid injury.

⬩DO NOT PUT ANYTHING IN THE STUDENT’S MOUTH OR RESTRAIN MOVEMENTS.

⬩Place student on side if possible, speak to student in reassuring tone

⬩Stay with student until help arrives

⬩ Begin treatment and note time seizure activity started, kinds of movements or behaviors, what

body parts are involved, and if loss of consciousness occurs and for how long.

⬩Notify school nurse/Emergency Response Team (Frist Responders)

⬩Notify parent/guardian (do not delay treatment)

⬩CALL 911 IF SEIZURE LASTS OVER 5 MINUTES or HAS ONE AFTER ANOTHER AT SHORT

INTERVALS.

⬩**Emergency medication ordered**

Yes  No Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location:

CALL 911 IF EMERGENCY MEDICATION GIVEN

🞟 Begin CPR / Call 911 if breathing stops

⬩After seizure, keep airway clear by placing student on his/her side.

⬩Student should be allowed to rest following seizure

⬩Special Instructions:

\* For Absence Seizures ONLY, contact parent/guardian and monitor.

Bus Transportation Plan:  Medication available on Bus  Medication **NOT** available on bus

Parent/Guardian Signature**:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency contact:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:(w)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(c)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Nurse Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**STAFF MEMBERS INSTRUCTED:**Classroom Teacher(s)  Special Area Teacher(s)  Support Staff  Transportation Staff