**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