

SEIZURE CARE PLAN

Student Name: _____ DOB: _____ Grade _____
 Parent Name: _____ Phone: _____ Cell: _____
 Emergency Contact Name: _____ Phone: _____
 Daily Medications: _____

Seizure Information

Seizure Type	How Long It Lasts	How Often	What Happens

Physician's Request for Medication Use at School

Treatment Protocol During School Hours (include daily and emergency medications)

Daily Medication	Dosage & Time of Day	Common Side Effects & Special Instructions

Emergency/ Rescue Medication:

Medication	Dose	When to be administered
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Does student have a Vagus Nerve Stimulator (VNS)? YES NO

If YES, Describe _____

Call 911 if seizure activity lasts longer than _____ minutes or _____

Any special considerations/ safety precautions: _____

Physician Name: _____ Phone: _____

Physician signature: _____ Date: _____

I, the parent/guardian of _____ request that the employees (nurse, principal, or principal designee) of the Renaissance Academy Charter School administer the above named medication as prescribed by my child's physician. My signature on this document constitutes a complete waiver of liability claim in any and all respects against Renaissance Academy Charter School and its Board of Directors and all employees unless Renaissance Academy is negligent with regard to any claim for injury in connection with administration of the medication. Additionally, I agree to hand deliver the medication to the nurse's office in the original pharmacy or physician labeled container. I also accept responsibility to provide a physician's note and my written instructions if the medication is to be changed or discontinued. I give my permission for the school and physician to communicate regarding this medication and medical condition.

Date _____ Printed Parent/Guardian Name _____ Parent/Guardian Signature _____

Basic Seizure First Aid:

Stay calm & track time
 Keep child safe & Do not restrain
 Do not put anything in mouth
 Notify Certified School Nurse
 Stay with child until fully conscious
 For tonic-clonic (grand mal) 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 5 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