

Cayuga ISD
Seizure Health Care Plan

Student's Name: _____ School Year: _____

DOB: _____ Teacher: _____ Grade: _____

Typical Seizure Pattern:

Warning Signs:

Usually looks like:

During a Seizure:

- Always stay with the child
- Position child to avoid choking on saliva
- 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

Plan during seizure:

After a Seizure:

- 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

Plan after seizure:

CALL 911 FOR:

- A seizure lasting longer than _____ minutes
- Any signs of respiratory distress (stops breathing or turns dusky/blue)
- Other: _____

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Other health concerns:

Medications:	Dose/Time:

Dietary concerns/restrictions:

Emergency Contacts:

Parent/Guardians:

1. Name: _____

Home # _____ Work# _____ Cell# _____

2. Name: _____

Home # _____ Work# _____ Cell# _____

Other Emergency Contact if parent/guardian is unavailable:

Name _____ Relationship _____ Tel. # _____

Primary Care Provider: _____ Telephone# _____

Neurologist: _____ Telephone# _____

Physician Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Nurse Signature: _____ Date: _____