



EAST TROY

COMMUNITY SCHOOL DISTRICT

Committed to the Growth & Success of Each Student, Each Year

ABSENCE SEIZURE CARE PLAN

SCHOOL INFORMATION

- Little Prairie Primary School
 2109 Townline Rd, East Troy
 P: 262-642-6730, F: 262-642-2724
- Prairie View Elementary School
 2131 Townline Rd, East Troy
 P: 262-642-6720, F: 262-642-6788
- East Troy Middle School
 3143 Graydon Ave, East Troy
 P: 262-642-6740, F: 262-642-6743
- East Troy High School
 3128 Graydon Ave, East Troy
 P: 262-642-6760, F: 262-642-6776

STUDENT INFORMATION

Student's Name: _____ Date of Birth: _____ Gr: _____ Sex: M F
 Parent's Name: _____ Home #: _____ Cell #: _____
 Physician's Name: _____ Phone #: _____ Fax #: _____
 Physician's Address: _____ City: _____ St: _____ Zip: _____

SEIZURE INFORMATION

Type of Seizure Disorder: _____

Date of Last Seizure: _____ Frequency of Seizures: _____

Seizure Activity: Blank Stare Unusual Movement No response to verbal stimuli Unawareness
 Other: _____

Triggers or warning signs: _____

Activity Restrictions: _____

Daily Med: _____ Dosage: _____ Time: _____ Effects: _____
 Daily Med (at school): _____ Dosage: _____ Time: _____ Effects: _____

If medication is to be given at school, physician and parent must complete "Authorization for Administration of Prescription Medication" form.

SEIZURE MANAGEMENT

- There is no special care during an absence seizure. Just make sure the student is safe.
- Special care should be taken in physical education class not to put this student at risk if a seizure would occur while doing certain activities. (i.e. climbing wall)
- Talk to the child during the seizure.
- The child may not hear you during an absence seizure, so you may need to repeat directions given to the class while the seizure activity was occurring.
- Write down when the seizure activity was noted, length of time it lasted and if there are multiple episodes of seizure activity. Report this to office and parent.
- Special instructions: _____

PARENT/GUARDIAN SIGNATURE

I give permission for the school nurse to communicate with this physician regarding the care of this child as relates to his/her seizure disorder. The information on this form is correct and up to date. I will notify the school if something changes during the school year.

Parent/Guardian's Signature: _____ Date: _____