

## ABSENCE SEIZURE CARE PLAN

Leona Doubek Elementary

Phone: 262-642-6730

Fax: 262-642-6723

Prairie View Elementary

Phone: 262-642-6720

Fax: 262-642-6788

East Troy Middle School

Phone: 262-642-6740

Fax: 262-642-6743

East Troy High School

Phone: 262-642-6760

Fax: 262-642-6776

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  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 given at school, physician and parent must complete "Authorization to give Medication at School" form*

### 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: \_\_\_\_\_

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: \_\_\_\_\_