



EAST TROY

COMMUNITY SCHOOL DISTRICT

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

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

Significant Medical History: _____
 Seizure Type: _____ Length: _____ Frequency: _____
 Description: _____
 Triggers or warning signs: _____
 Student's reaction: _____
 Daily Med: _____ Dosage: _____ Time: _____ Effects: _____
 An emergency for this student is defined as: _____

A seizure is generally considered an emergency when:

- A convulsive (tonic-clonic) seizure lasts longer than five (5) minutes
- Student has repeated seizures without regaining consciousness
- Student has a first time seizure
- Student is injured
- Student has breathing difficulties
- Student has a seizure in water

Basic Seizure First Aid

- Stay calm and track time
- Do not restrain
- Stay w/ child until fully conscious
- Keep child safe
- Do not put anything in mouth
- Record seizure in log

For tonic-clonic (grand mal) seizure:

- Protect head
- Keep airway open/watch breathing
- Turn child on side

EMERGENCY PROTOCOL

- Contact school nurse Notify doctor Administer emergency medication as indicated below
 Call 911 for transport Notify parent/emergency contact Other: _____

Yes No Does the student have a Vagus Nerve Stimulator (VNS)?

Describe magnet use: _____

Emergency Med: _____ Dosage: _____ Time: _____ Effects: _____

Special consideration(s)/safety precautions: _____

Yes No Does the student need to leave the classroom after a seizure?

Describe the process to return to the classroom: _____

Physician's Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____