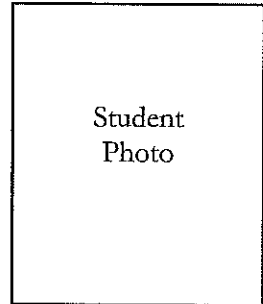


Valley Central School District  
Seizure Disorder Emergency/Health Care Plan

Student: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_  
Mother: \_\_\_\_\_ MHome #: \_\_\_\_\_ MWork #: \_\_\_\_\_ MCell #: \_\_\_\_\_  
Father: \_\_\_\_\_ FHome #: \_\_\_\_\_ FWork #: \_\_\_\_\_ FCell #: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**SYMPTOMS OF A SEIZURE EPISODE MAY INCLUDE ANY/ALL OF THESE:**

- Tonic-Clonic Seizure:
  - o Entire body stiffens, jerking movements
  - o May cry out, turn bluish, be tired afterwards
- Absence Seizure:
  - o Staring spell, may blink eyes



**STAFF MEMBERS INSTRUCTED:**     Teacher(s)  
    Administration                     Support Staff

*To Be Completed by the Health Care Provider*

**TREATMENT:**

Clear the area around the student to avoid injury.  
**DO NOT PUT ANYTHING IN THE STUDENT'S MOUTH**  
Place student on side if possible, speak to student in reassuring tone  
Stay with student until help arrives

Emergency medication to be given by Nurse at onset of seizure: \_\_\_\_\_  
\_\_\_\_\_

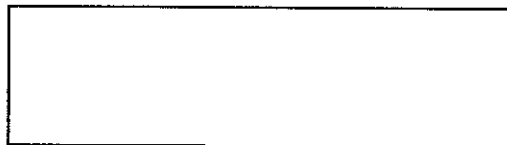
Student should be allowed to rest following seizure, call parent

Emergency Medical Services (911) should be called and student transported to hospital if: \_\_\_\_\_  
\_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Written by: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature to share this plan with Provider and School Staff: \_\_\_\_\_



# Valley Central School District Seizure Disorder Emergency/Health Care Plan

Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Physician: \_\_\_\_\_ Physician Phone #: \_\_\_\_\_

Do we have your permission to call the above physician should questions arise regarding your child's health here at school?  Yes  No

How long has your child been diagnosed with a seizure disorder? \_\_\_\_\_

I would describe my child's seizures as:

- Simple Partial -- Remains conscious, twitching or numb sensation, usually lasting less than 30 seconds.
- Complex Partial -- Altered consciousness, transient staring, feelings of unreality and detachment. May have hallucinations, unexplained feelings of fear, disrupted memory, teeth grinding, lip smacking, chewing, swallowing, scratching or pulling at buttons. Lasts usually no longer than 1-2 minutes.
- Tonic-Clonic -- Abrupt arrest of activity, loss of consciousness, symmetrical and rhythmical alterations of contraction and relaxation of major muscle groups. Ends suddenly in less than 5 minutes.
- Atonic -- Abrupt loss of postural tone, loss of consciousness, confusion, lethargy and sleep. (May just fall asleep suddenly; when laughing, the child may fall down.)
- Myoclonic -- Brief random contractions of a muscle group, may occur on one side of the body, no loss of consciousness.
- Absence -- Very brief periods of altered awareness, eyelids may flutter or twitch, blank facial expression, lasts 5-10 seconds but can occur repeatedly.
- Tonic -- Lack of movement, stiffening of the entire body musculature, arms flex, legs, neck and head extend. Peculiar, piercing cry, cyanosis (bluish coloring to skin), may temporarily stop breathing, increased salivation.
- Akinetic -- No movement, but muscle tone is maintained. Like "freezing into position," may lose consciousness.

My child  does  does not have an aura before his/her seizures. (An aura is a sensation just before a seizure happens -- may be a sound, sight, smell, feeling -- they usually can tell if a seizure is about to happen.)  
If so, what is the aura? \_\_\_\_\_