

SCHOOL GUIDELINES FOR THE STUDENT WITH SEIZURES

Student Name _____ DOB _____ Date _____
School _____ Grade _____ Teacher _____

In case of emergency and parents cannot be contacted, please call:

Name _____ Relation _____ Phone _____

SEIZURE INFORMATION

Type of seizures _____

Last known seizure _____ Frequency of seizures _____

Home/School Medications for Seizures

1. Drug _____ Dose _____ Time _____

2. Drug _____ Dose _____ Time _____

Are any medications to be given at school? YES/NO (circle one)

Is Diastat ordered for emergencies? YES/NO (circle one)

Diastat to be administered after _____ minutes.

EMERGENCY PROTOCOL FOR SCHOOL PERSONNEL

SYMPTOMS TO WATCH FOR: (*please circle the ones your child experiences*)

*Slumping to floor

*Chewing or lip smacking

*Muscle jerking

*loss of bowel/bladder function

*Repetitive hand/arm movements

*Other _____

*Brief interruption of consciousness,

confusion and dizziness

*Sporadic breathing

*Day dreaming, twitching, or facial movements

At first signs of these symptoms please follow these instructions:

1. Keep calm and stay with student.
2. Help student to floor and clear surrounding area of any hard, sharp, or dangerous objects.
3. Roll student on their side and maintain patent airway.
4. Do not attempt to restrain movements or put objects in mouth.
5. Administer Diastat as ordered by physician.
6. Time seizure and **CALL 911** and parents if: **Seizure lasts more than 5 minutes, student vomits during seizure, student does not arouse within 20 minutes following a seizure, or second seizure begins shortly after the first seizure without the student regaining consciousness.**
7. Staff will continue to document seizure activity including: **TIME, ONSET & TREATMENT.**

School Nurse Signature _____ Date _____

Diastat kept _____

School personnel trained to administer Diastat _____

