

**BLUFFTON-HARRISON MSD**

**SEIZURE CARE PLAN**

Date Formulated \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ Age/DOB \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone (H) \_\_\_\_\_

Address \_\_\_\_\_ Phone (W) \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone (H) \_\_\_\_\_

Address \_\_\_\_\_ Phone (W) \_\_\_\_\_

Emergency Phone Contact #1 \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Phone Contact #2 \_\_\_\_\_ Phone \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Physician Student sees for Seizures \_\_\_\_\_ Phone \_\_\_\_\_

Hospital Preference \_\_\_\_\_ Phone \_\_\_\_\_

**MEDICATIONS**

Medication \_\_\_\_\_ Dosage/Frequency \_\_\_\_\_

Medication \_\_\_\_\_ Dosage/Frequency \_\_\_\_\_

Medication \_\_\_\_\_ Dosage/Frequency \_\_\_\_\_

**ALLERGIES** (food, medication, etc.) \_\_\_\_\_

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**DIETARY RESTRICTIONS** \_\_\_\_\_

**ACTIVITY RESTRICTIONS** (playground, sports activities, swimming, driving, etc.) \_\_\_\_\_

**IDENTIFY WHAT POTENTIALLY STARTS A SEIZURE** (exercise, stress, heat, fatigue, excitement, etc.) \_\_\_\_\_

**AURA (prior to seizure, hear, see, smell something)**

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**SAFETY PRECAUTIONS (helmet, etc.)**

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**EMERGENCY PLAN IF SEIZURE OCCURS**

Assist student to floor and clear area of furniture.

Do NOT restrain. Roll student to side if possible.

Do NOT put anything in the mouth.

Place something soft and flat under the student's head if possible.

Call the school nurse at ext. 7300.

Contact parent/guardian.

**EMERGENCY MEDICAL CARE – call 911 if student has any of following:**

**Absence of breathing and/or pulse**

**Seizure of 5 minutes or greater duration.**

**Two or more seizures, without a period of consciousness between, which lasts 5 minutes or greater.**

**Continued unusually pale or bluish skin/lips, or noisy breathing after the seizure has stopped.**

**SPECIAL INSTRUCTIONS**

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Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

School Nurse signature \_\_\_\_\_ Date \_\_\_\_\_

I hereby give permission for this careplan to be shared with appropriate school staff.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_