

Individual Health Plan: Seizures School Setting



Student Name: _____ Date of birth: _____ School year: _____

School: _____ Grade: _____ Homeroom Teacher: _____

Seizure Medical Management Plan: Yes No* Date of Plan: _____

*If no Healthcare provider orders, only Emergency care can be provided

Health Concern: _____ Date of Diagnosis: _____

Goal: Identification of Seizure activity, prevention of injury, and care during and after a seizure

Physician Name: _____ Physician Phone Number: _____

Contacts	Name	Relationship	Phone Number	Alternate Phone Number
1.				
2.				

Seizure History

1. When was the students first seizure: _____
2. When was the students most recent seizure: _____
3. How often does the student have seizures: _____
4. How long do the seizures generally last: _____
5. Has the student been hospitalized for seizures? if yes, when: _____
6. What types of seizures does the student generally have: _____

Triggers and Warning Signs

The students known triggers for a seizure are (Please check all that apply)

Missed medication Lack of Sleep bright lights Illness/fever stress loud noise Other: _____

Please describe any unusual behavior or warning signs that may occur prior to a seizure: _____

Parent Questionnaire

1. My Child will have medication(s) available at school for their seizures. List medications used at school: _____ _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
2. Are there any activity restrictions to reduce the risk of injury (If yes, please explain): _____ _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

Additional Information

Before school care: No Yes (Hours) _____

After school care: No Yes (hours) _____

Rides School Bus: No Yes (*bus care plan required*)

Bus # A.M. _____ P.M. _____

504/ IEP on file: Yes No

Field Trip Information and Special Events:

- Notify parent and school nurse in advance so proper training can be accomplished
- Adult staff must be trained and responsible for student's needs on field trip
- Emergency supplies must accompany student on field trip

Parent Responsibilities

- Complete and return the Seizure Action Plan before the first day of the school year, upon enrollment, or as soon as practicable following a diagnosis of the seizure disorder.
- Provide labeled medication(s) in the original pharmacy container and completed Physician's Medication forms to the health office
- Keep the health office informed of any changes in your child's medical condition or medications.
- Promptly report any new seizure activity to the health office.
- Provide training on rescue medication administration to staff member(s) who have agreed to training and administration, when applicable.
- Periodically teach and review with your child the following:
 - to recognize early warning signs of a seizure.
 - to communicate with an adult, as soon as they feel early signs of a possible seizure.
 - to recognize and avoid known seizure triggers.

Student Responsibilities

- Recognize and immediately report any early warning signs of a seizure to staff, teacher, or nurse.
- Participate in IHCP by avoiding known seizure triggers when possible.
- Report teasing or bullying to a trusted adult.

School Nurse/ Health Aid Responsibilities

- Educate staff on seizure precautions, to recognize symptoms of a seizure, and respond accordingly.
- Ensure access to emergency medication when developing plans for evacuation and relocation drills.
- Review emergency procedures with staff prior to field trips as needed.
- Notify parent/guardian of any seizure activity.
- Document on separate Seizure Observation Record, if indicated, per Seizure Action Plan and /or IHCP.
- Follow district procedures for medication administration and emergency situation management including calling 911.
- A copy of the student's Seizure Action Plan and IHCP will be kept in the health office and student's homeroom.
- Nurse/health aid will communicate relevant information to appropriate teacher(s)/ staff member(s)
- Nurse/health aid will file all medical forms in the student's health file at the end of the school year.

Teacher Responsibilities

- If student reports or demonstrates any early warning signs of a seizure, send promptly to the health office accompanied by a adult.
- If seizure occurs teacher/ staff will provide privacy as situation allows and follow procedures in the seizure action plan.
- If indicated, Nurse or trained staff member to administer rescue medication
- Keep a copy of the Seizure Action Plan and IHCP in the teacher sub folder.
- Plan for the following on field trips:
 - Review Seizure Action Plan and IHCP before the field trip.
 - Teacher will inform nurse/health aid at least two weeks in advance of a field trip, when the parent or staff member trained in rescue medication administration, cannot accompany student on the field trip.
 - Carry a cell phone to call 911 if needed.
- Follow district procedures for medication administration and emergency situation management including calling 911.

Principal Responsibilities

- Ensure there are walkie-talkies available at the playground and with P.E. staff.
- Principal will work collaboratively with the health office staff and Teacher to identify appropriate staff member(s) willing to be trained by the parent in rescue medication administration, if needed.

Healthcare plan has been reviewed and signed by:

Parent: _____ Date: _____

Health Aide: _____ Date: _____

Nurse/District Nurse: _____ Date: _____