



Blessed Sacrament School

Health Services

SEIZURE DISORDER EMERGENCY CARE PLAN

Student: _____ Grade: _____ Teacher: _____ DOB: _____

Asthmatic: Yes No (increased risk for severe reaction) Severity of reaction(s): _____

Mother: _____ Home#: _____ Work#: _____ Cell#: _____

Father: _____ Home#: _____ Work#: _____ Cell#: _____

Emergency Contact: _____ Relationship: _____ Best phone number during school hours: _____

SYMPTOMS OF AN ALLERGIC REACTION MAY INCLUDE ANY/ALL OF THESE:

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

The severity of symptoms can change quickly – it is important that treatment is given immediately.

STAFF MEMBERS INSTRUCTED: Teacher Special Teachers Administration Support Staff

TREATMENT:

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

- Emergency Medical Services (911) should be called, student transported to hospital
Preferred Hospital if transported: _____
- **Emergency medication to be given by Nurse at onset of seizure**
- Student should be allowed to rest following seizure, call parent.

Healthcare Provider: _____ Phone: _____

Written by: _____ Date: _____

Parent/Guardian Signature (to share this plan with Provider and School Staff): _____

Copy provided to parent Copy sent to Healthcare Provider