



Chandler Unified School District #80

Seizure Care Plan and Order for Prescribed Services

Student Name: _____ DOB: _____

School: _____ Grade: _____ Date: _____

Parent Name: _____ Phone: _____ Cell: _____

Emergency Contact Name: _____ Phone: _____

Type of Seizures: _____ Seizure length/ frequency: _____

Warning signs/triggers: _____

Daily Home Medications: _____

Physician's Request for Medication Use at School

Treatment protocol during school hours (include daily and emergency medications)

Emergency/ Rescue Medication: _____

Medication	Dose	When to be administered.
Daily In School Seizure Medication: _____		
Medication	Dose	When to be administered.

Does student have a Vagus Nerve Stimulator (VNS)? YES NO

If YES, Describe magnet use: _____

Call 911 if seizure activity lasts longer than _____ minutes or _____

Special considerations/ activity restrictions: _____

Licensed Health Care Provider Acknowledgement: I am aware that the parent/guardian in conjunction with the school/district licensed registered nurse will train the staff/unlicensed assistive personnel to administer rescue medication. *Standards of care available upon request

Licensed Healthcare Providers Name: _____ (Print) Phone: _____

Licensed Healthcare Provider Signature: _____ Date: _____

Parent Acknowledgement: I agree with the above care plan and to provide necessary equipment/supplies properly labeled for use in school. I will work in conjunction with the school/district licensed registered nurse to train the staff/ unlicensed assistive personnel to administer the above procedure. If the procedure changes, written verification from your licensed health care provider is required. I grant permission for the registered nurse to communicate directly with the above-named provider, regarding any questions or concerns regarding this procedure or health related issues. I will notify the school of changes in procedure or provider.

Printed Parent/Guardian Name _____

Parent/Guardian Signature _____

Date _____

<p>Basic Seizure First Aid:</p> <ul style="list-style-type: none"> ✓ Stay calm & track time. ✓ Keep child safe ✓ Do not restrain ✓ Do not put anything in mouth ✓ Notify District School Nurse ✓ Stay with child until fully conscious <p>For tonic-clonic (grand mal) seizure:</p> <ul style="list-style-type: none"> ✓ Protect head ✓ Keep airway open/watch breathing ✓ Turn child on side
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<p>A Seizure is generally considered an Emergency when:</p> <ul style="list-style-type: none"> ✓ A convulsive (tonic-clonic) seizure lasts longer than 5 minutes ✓ Student has repeated seizures without regaining consciousness ✓ Student has a first-time seizure ✓ Student is injured or has diabetes ✓ Student has breathing difficulties ✓ Student has a seizure in water
