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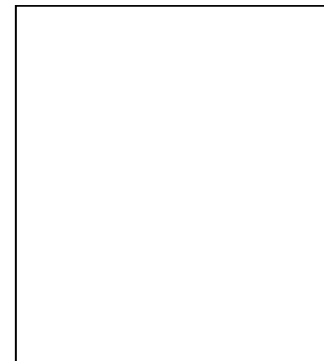
SEIZURE PLAN OF CARE

for

____

STUDENT NAME GRADE/CLASS



Insert Student Photo Above

Teacher(s): ______________________________

School Care Team (min 2 staff): ______________________________

Has an emergency medication been prescribed? Yes No

If yes, attach the emergency medication plan, detailed in the Request for School Personnel to Administer Prescribed Medication Form.

SAFE STORAGE:

One dose of the emergency medication will be kept in close proximity to the student at all times. This dose will be securely stored in the following location:

Classroom Student's Backpack Other: ______________________________

Student's second dose of emergency medication is located: ______________________________

Known seizure trigger(s) (select all that apply):

stress menstrual cycle inactivity changes in diet

lack of sleep fever or illness changes in weather

electronic stimulation (TV, video, florescent lights)

other: ______________________________

Other medical conditions and/or allergies? ______________________________

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BASIC SEIZURE FIRST AID	
• Keep calm. Track the time and duration of the seizure. • Keep the student safe. Protect the student's head. • Do not restrain or interfere with the student's movements. Roll the individual onto their side as soon as possible.	• Clear the area. • Administer emergency medication as outlined in the student's Seizure Plan of Care. • DO NOT place anything in the person's mouth. • Monitor breathing. • Stay with the student until fully conscious, talking with them calmly until re-oriented; allow them to rest before returning to regular activities.

Other first aid procedure(s): ______________________________

Does the student need to leave the room after a seizure? Yes – Location: ______________
No

If yes, describe process for returning student to the classroom: ______________________________

SEIZURE MANAGEMENT PROCEDURES			
TYPE (tonic-clonic, absence, simple partial, atonic, myoclonic, epileptic spasms)	DESCRIPTION (frequency, duration, key characteristics, sensory signs, trigger)	ACTIONS (risks to be mitigated, trigger avoidance, actions to take during and following a seizure, duties of School Care Team, emergency medication)	SCHOOL CARE TEAM (who on the team will complete action)

SEIZURE EMERGENCY PROCEDURES

1. CALL 9-1-1 when:

- ______________________________
- ______________________________
- ______________________________

2. Notify parent or emergency contact.

EMERGENCY CONTACTS (LIST IN PRIORITY)			
NAME	RELATIONSHIP	DAYTIME PHONE	ALTERNATE PHONE

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AUTHORIZATION / PLAN REVIEW

INDIVIDUALS WITH WHOM THIS PLAN OF CARE IS TO BE SHARED

(Please select any that apply or with whom the plan is to be shared)

school staff	classmates	transportation provider
lunchroom supervisor	relevant occasional staff	relevant volunteers
before and/or after care	post copy	

food service provider(secondary only)

other ____

Request for School Personnel to Administer Prescribed Medication Form is completed.

Authorization for Self-Administration Prescribed Medication by Student Form is completed.

This plan remains in effect for the 20___ — 20___ school year without change and will be reviewed on or before: ______________________ (It is the parent(s)/guardian(s) responsibility to notify the principal if there is a need to change the plan of care during the school year).

I acknowledge that I am aware and understand my child's medical condition and the risks associated with its care and emergency treatment, and that the Halton District School Board and its staff and volunteers are acting in their role as educators and not health professionals.

______________________	______________________
Parent/Guardian Signature*	Student Signature
______________________	______________________
Principal or Designate Signature	Date

*If the student is 18 years and over, a parent signature may not be required.

Personal information is collected under the authority of the Education Act, R.S.O. 1990, c. E.2 in compliance with the Personal Health Information Protection Act, S.O. 2004, c. 3 and the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c. M56. Personal information is collected for purposes of providing professional services, consultation and advice in the context of the Halton District School Board's educational mandate. Questions about this collection may be directed to the Superintendent of Health.