PORTLAND CHRISTIAN SCHOOL

Seizure Action Plan (Requires Physician Information)

Student Name:_____ Date of Birth:_____
Grade:_____ School Year:_____

Treating Physician:_____ Phone #:_____

Seizure Information

Seizure Type	Length of Seizure	Frequency of Seizure	Description

Additional Information

Seizure triggers or warning signs:_____
Student's response after a seizure:_____
Does student take daily seizure medications? [ ]No [ ] Yes, please list:_____
Does student take any other routine medications? [ ] No [ ] Yes, please list:_____
Does student have a Vagus Nerve Stimulator? [ ] No [ ] Yes, please describe magnet use:_____

Basic Seizure First Aid

- Stay Calm & track seizure time
- Keep student safe-protect head, remove harmful objects, do not restrain
- Turn on side, do not put anything in mouth
- Stay with student until fully conscious
- Document seizure findings

A Seizure is generally considered an emergency when:

- Convulsive (tonic-clonic) seizure lasts longer than 5 minutes
- Student has repeated seizures without regaining consciousness
- Student has difficulties breathing after seizure
- Student is injured or has diabetes
- Student has a seizure for the first time

Emergency Protocol:

- Ease student to floor if upright, clear surroundings for safety and protect the head
- Place on side and do not put anything in the mouth
- Notify appropriate staff for response
- Time the seizure
- Use Vagus Nerve Stimulator, if indicated above
- Administer Emergency Medications as indicated below
- Call 911 if seizure lasts over 5 minutes or emergency medication used
- Other as prescribed by physician:_____

Medications to use in Emergency			
Name of Medication	**Dose**	**Route**	**Special instructions & Common side effects**

Care after seizure (when is student able to return to classroom or resume usual activity):

_____

Physician Signature:_____ **Date:**_____

Parent/Guardian Signature:_____ **Date:**_____

Seizure Action Plan

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PARENT LIABILITY WAIVER AND RELEASE OF INFORMATION

FOR STUDENT WITH SEIZURE DISORDER

In the case of an emergency that requires immediate intervention, employees of Portland Christian School will do their best to comply with the recommended protocols developed by the student's physician, in accordance with training conducted by a Registered Nurse. I understand that medication and care provided may not be given by a licensed professional. I hereby consent to the interventions of the employee in accordance with the instructions above/attached. Additionally, in accordance with KRS 156.502 and 158.383(4), I agree to hold Portland Christian School and it's staff members harmless for any injuries resulting from the emergency care, medication administration, or reaction to any medication administration unless the injury was caused by negligence.

I hereby give consent to Portland Christian Schools employees to discuss the medical condition referenced above with physician to assist in planning of the student's care while at school or school events.

Parent/Guardian Signature_____Date_____

Parent/Guardian phone # in case of emergency_____

TO BE COMPLETED BY SCHOOL PERSONNEL

Care Plan Received by:_____ Date:_____

School Year:_____

Emergency medication kept in Health Room_____ Exp. Date:_____

Student will carry additional emergency medication on self: [ ] Yes [ ] No