Vidor Independent School District
School Health Services

Insert Student Photo Here

Seizure Disorder/Epilepsy – Action plan

Date plan effective:________________to end of current school year

Parent to complete

Name:			Date of Birth:
School / Grade:			Room / Teacher:
Parent / Guardian:			
Mother's phone	Home:	Work:	Cell:
Father's phone	Home:	Work:	Cell:
Health Care Provider:		Phone:	Fax:
Brief history of diagnosis:			
Type of Seizures:			
How does student behave before a seizure:			
How does student behave during a seizure:			
How does student behave after a seizure:			
Recent hospitalizations:			
Concurrent illness or disability:			

Main Symptoms – Seizure can vary from barely perceptible absence seizure lasting a few seconds to a full-blown grand mal seizure in which the person loses consciousness and falls to the ground with spasmodic jerking of the entire body. (Check all that apply)

- ☐ Episodes of staring or unexplained periods of unresponsiveness, may drop an object being held or may stumble momentarily
- ☐ Involuntary movements of arms and legs
- ☐ "Fainting spells" with loss of bladder or bowel control and/or followed by excessive fatigue
- ☐ Odd sounds, distorted perceptions, episodic feelings of fear that cannot be explained
- ☐ Automatic movements like lip smacking, roaming, and non-goal oriented activity
- ☐ Muscles tense, body rigid, followed by a temporary loss of consciousness and violent shaking of entire body
- ☐ Other:

Health Care Provider to complete the following:

Please indicate if condition requires treatment at school.

D **No** intervention is needed at this time (**Thank you for your time. Please sign at bottom)**
D **Yes**, a medication/treatment plan is needed **(continue)**

Treatment at School, unless otherwise indicated by Health Care Provider

Basic Management	Call 911 if:
• Stay calm & stay with student • Note time of onset of seizure • Notify Health Office • Give Medication, if student conscious, per Health Care Provider's Orders • Help to the ground if loss of consciousness and turn student on side • Do not restrain student • Have office staff contact parent • Have student rest in nurse's room after seizure is over • Other:	• Student turns blue and/or stops breathing • Seizure lasts longer than 5 minutes • The person has a series of seizures • The student requests to be transported • Other:___________________

Field Trip / Extra-Curricular Activities Accommodations (as needed):

- All medications/supplies are taken and care is provided:

D By accompanying parent
D By accompanying designated school staff per district medication policies and orders (it is the parent responsibility to notify the health office in writing 24 hours in advance of student staying after school for extracurricular activity)

I understand that the information provided in this Action Plan will be shared with staff in the school on a "need to know" basis as a means to provide a healthy and safe environment for my child while they are at school.

Health Care Provider Signature:	Date:
Parent Signature:	Date: