This student is being treated for a seizure disorder. The information below should assist you if a seizure occurs during school hours.

**Seizure Information**

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<th>Seizure Type</th>
<th>Length</th>
<th>Frequency</th>
<th>Description</th>
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Seizure triggers or warning signs:  
Student's response after a seizure:

**Basic First Aid: Care & Comfort**

Please describe basic first aid procedures:

Does student need to leave the classroom after a seizure?  
☐ Yes  ☐ No

If YES, describe process for returning student to classroom:

**Emergency Response**

A “seizure emergency” for this student is defined as:

- ☐ Contact school nurse at __________________________
- ☐ Call 911 for transport to __________________________
- ☐ Notify parent or emergency contact
- ☐ Administer emergency medications as indicated below
- ☐ Notify doctor
- ☐ Other __________________________

**Basic Seizure First Aid**

- Stay calm & track time
- Keep child safe
- Do not restrain
- Do not put anything in mouth
- Stay with child until fully conscious
- Record seizure in log

**For tonic-clonic seizure:**

- Protect head
- Keep airway open/watch breathing
- Turn child on side

**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 is injured or has diabetes
- Student has a first-time seizure
- Student has breathing difficulties
- Student has a seizure in water

**Treatment Protocol During School Hours (include daily and emergency medications)**

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Does student have a Vagus Nerve Stimulator?  
☐ Yes  ☐ No

If YES, describe magnet use:

**Special Considerations and Precautions (regarding school activities, sports, trips, etc.)**

Describe any special considerations or precautions:

Physician Signature ___________________________ Date ____________

Parent/Guardian Signature ___________________________ Date ____________

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