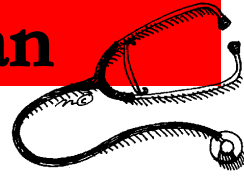




Emergency Care Plan

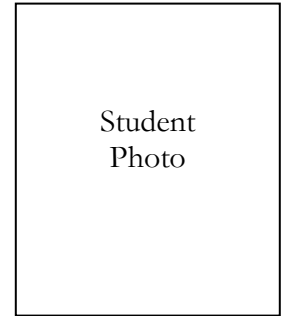


MONTICELLO CENTRAL SCHOOLS SEIZURE DISORDER

Student: _____ Grade: _____ School Year : _____ DOB: _____
 Mother: _____ MHome #: _____ MWork #: _____ MCell #: _____
 Father: _____ FHome #: _____ FWork #: _____ FCell #: _____
 Emergency Contact: _____ Relationship: _____ Phone: _____

SYMPTOMS OF A SEIZURE EPISODE MAY INCLUDE ANY/ALL OF THESE:

- Tonic-Clonic Seizure:
 - o Entire body stiffens, jerking movements
 - o May cry out, turn bluish, be tired afterwards
- Absence Seizure:
 - o Staring spell, may blink eyes



- STAFF MEMBERS INSTRUCTED:**
- Administration
 - Classroom Teacher(s)
 - Support Staff
 - Special Area Teacher(s)
 - Transportation Staff

TREATMENT:

Clear the area around the student to avoid injury.
DO NOT PUT ANYTHING IN THE STUDENT'S MOUTH
 Place student on side if possible, speak to student in reassuring tone
 Stay with student until help arrives. Call nurse at _____
 Emergency Medical Services (911) should be called, student transported to hospital
 Emergency medication to be given by Nurse only
 Student should be allowed to rest following seizure, call parent

Transportation Plan: Medication available on bus Medication NOT available on bus Does not ride bus
 Special instructions: _____

Healthcare Provider: _____ Phone: _____
 Written by: _____ Date: _____
 Copy provided to Parent Copy sent to Healthcare Provider

Parent/Guardian Signature to share this plan with Provider and School Staff: _____

If reviewed by Healthcare Provider: Signature: _____ **Date:** _____