

Newton County School District School Seizure Plan

Elementary School Nurse: Patty Gibson, RN
Phone: 601-635-2325 or 601-635-2956
Fax: 601-635-4074

Middle/High School Nurse: Rae Hollingsworth, RN
Phone: 601-635-2718 or 601-635-3347
Fax: 601-635-4045

Name _____ Date _____

Student Age _____ Grade _____ HR Teacher _____

Parent/Guardian: _____ Contact #: _____

Emergency Contact: _____ Contact #: _____

Physician: _____ Contact #: _____

Seizure Information:

Type of Seizure	Length or Duration of Seizure	Frequency of Seizures	Triggers or Warning Signs of Seizure	Student's Response after a Seizure

Basic First Aid/Emergency Care:

- Ease student to the floor wherever the seizure occurs. Protect the students head.
- Keep the student safe by moving any objects away from them that could cause harm. Remove other students from the scene if possible.
- Do not put anything in the student's mouth and do not hold the student down.
- Turn the student on their side if they start to vomit or liquids come from the mouth.
- Call for the school nurse, principal, and the parent/guardian.
- Observe the seizure and document the time the incident began, how long it lasts, and what the seizure activity looked like.
- Administer emergency medication if indicated by the physician.
- If a seizure lasts longer than 5 minutes call 911.
- Stay with the student and monitor breathing.

Seizure Medications:

Medication	Dosage & Time of Day Given	Special Instructions

Does the student have a vagus nerve stimulator? ____ YES ____ NO

If yes, describe use: _____

Special Considerations or Precautions: _____

Physician Signature: _____ Date: _____

Parent Signature: _____ Date: _____