Academy ISD Health Services
Parental Authorization for Seizure Emergency Action Plan

Campus:

student pic

Student Name	DOB	Grade/Homeroom/Teacher	Bus #

Seizure type: ☐ *Absence (staring, unresponsive)* ☐ *Partial: Occurs while student is conscious* ☐ *Generalized tonic-clonic (grand mal, convulsive).*	Age of seizure diagnosis:	Possible seizure triggers:
Describe seizure/usual length:	Date of last seizure	Length of last seizure
Current meds to treat seizures:		
Describe any special considerations or precautions (protective equipment) that should be taken during the school day:		
Under what conditions can a student stay at school after having a seizure?		
Seizure Emergency Medication needed at school: Dosage/Route/Times		Expiration Date
Vagus Nerve Stimulator (VNS)? ☐ No ☐ Yes (Describe instructions:)		
Medication at school: ☐ N/A ☐ In Health Clinic VNS at school: ☐ N/A ☐ In Health Clinic ☐ Location:		

Please review standard emergency care at school and add additional instructions as needed

IF YOU SEE ANY OF THE FOLLOWING:

- Muscle twitching or tensing and alternately contracting and relaxing
- Speech disturbance, or inability to speak
- Abrupt changes in vision, hearing, or balance
- Paleness or flushing of the face
- Motionless stare or a sudden stop of activity
- Involuntary movement of eyes, head or other parts of the body
- Change in level of consciousness
- Falling down without a reason

DO THIS:

- Call the office for assistance and ask for the nurse to go to the classroom.
- Assure the student's safety and move objects away that may cause injury.
- Do not walk student to clinic.
- Monitor student level of consciousness. If at any time student becomes unconscious, gently lower student to the floor and place on their side.
- **Do not** attempt to hold down / restrain the student.
- **Do not** attempt to place any object in their mouth.
- Take necessary action to prevent the student from hitting head and injuring self.
- Document time and duration of seizure activity. (See seizure observation record)
- **If the student has emergency seizure medication, administer as directed and call 911.**

Always CALL 911 if :

- **Seizure lasts more than 5 minutes**
- **Student has breathing difficulties**
- **Student has repeated seizures without regaining consciousness**

☐ **Or if:** _____

CONTACT PARENT AS SOON AS POSSIBLE

Additional instructions:

PHYSICIAN/PARENTAL AUTHORIZATION FOR EMERGENCY PLAN FOR SEIZURE MEDICATION

Physician authorization: Print Name	Physician Signature	Physician Phone	Date

I grant permission to Academy ISD to administer this medication to my child. I am giving permission to AISD staff to contact my physician for additional information if necessary. If the school nurse deems it necessary, I grant permission to notify my child's teacher(s) of his health condition. I understand that a medically untrained designee of the principal may give the medication.

Parent/Guardian	Best emergency phone	Other phone	Date

Staff use only: Document administration of medication below and/or in student's electronic health record (Skyward)

Date	Time	Signature	Print Name	Comments

05/15/cs