

LUMMI NATION SCHOOL
Seizure Information

Student _____ Birthdate _____ Grade _____ Year _____

Physician: _____ Physician Phone Number: _____

You have checked on the school records that this student has seizures. Please complete and return this form to the school as soon as possible. The school nurse will develop a care plan to help your child and share this information with identified school personnel. It is the responsibility of the parent to provide necessary medications if needed at the school. **DO NOT SEND MEDICATIONS WITH THE STUDENT**, as a parent it is your responsibility to deliver medications to the school nurse. Thank you.

Do we have your permission to call the above physician should questions arise regarding your child's health here at school? Yes No

How long has your child been diagnosed with a seizure disorder? _____

How often to the seizures occur? _____

List conditions which generally cause seizures (noise, blinking lights, tired, dehydrated) _____

My child does does not have an aura before his/her seizures. (An aura is a sensation just before a seizure happens; may be a sound, sight, smell, feeling -- they usually can tell if a seizure is about to happen.) If so, what is the aura?

Does your student need any special activity adaptations/protective equipment (e.g. helmet) at school? Yes No

Please describe: _____

How long after seizure before the student can return to his/her regular activities? _____

Is your child allowed to participate in sports, including contact sports? Yes No

Please read the about the types of seizures below and mark the box that best describes your child's seizures:

- Simple Partial** -- Remains conscious, twitching or numb sensation, usually lasting less than 30 seconds.
- Complex Partial** -- Altered consciousness, transient staring, feelings of unreality and detachment. May have hallucinations, unexplained feelings of fear, disrupted memory, teeth grinding, lip smacking, chewing, swallowing, scratching or pulling at buttons. Lasts usually no longer than 1-2 minutes.
- Tonic-Clonic** -- Abrupt arrest of activity, loss of consciousness, symmetrical and rhythmical alterations of contraction and relaxation of major muscle groups. Ends suddenly in less than 5 minutes.
- Atonic** -- Abrupt loss of postural tone, loss of consciousness, confusion, lethargy and sleep. (May just fall asleep suddenly; when laughing, the child may fall down.)
- Myoclonic** -- Brief random contractions of a muscle group, may occur on one side of the body, no loss of consciousness. o **Absence** -- Very brief periods of altered awareness, eyelids may flutter or twitch, blank facial expression, lasts 5-10 seconds but can occur repeatedly.
- Tonic** -- Lack of movement, stiffening of the entire body musculature, arms flex, legs, neck and head extend. Peculiar, piercing cry, cyanosis (bluish coloring to skin), may temporarily stop breathing, increased salivation.
- Akinetic** -- No movement, but muscle tone is maintained. Like "freezing into position," may lose consciousness.

Are medications needed to control the seizures? Yes No

Medications	Amount Taken	Time of Day

Please advise the school nurse immediately of changes in dose and/or type of medications.

OVER ⇨

Seizure Procedure at School

1. **Stay with the student** throughout the seizure, speak gently, and remain calm
2. Provide for student safety by **removing nearby hazardous objects**, loosening clothing at the neck and waist, and protecting the head from injury. If able turn student on side.
3. Remove other students from the immediate environment to **give privacy** as possible.
4. **Time the seizure.**
5. **Call 911.**
6. Observe the student for inadequate breathing or continuous seizing.
7. **Advise parent/guardian** of seizure.
8. Reorient the student and guide the student to a safe location.
9. Provide rest as needed after the seizure.
10. Notify the school nurse or building administrator.
11. Document the event noting the duration of time, state of student before and after the seizure.
12. Document parent contact, note full date, time and telephone number.

Emergency Procedure on the Bus:

1. Pull bus to the side of the road so that TA can attend to student.
2. Provide for student safety by removing nearby hazardous objects, loosening clothing at the neck and waist, and protecting the head from injury. Do not attempt to place anything in the mouth.
3. Time the seizure.
4. **Call 911.**
5. Observe the student for inadequate breathing or continuous seizing.
6. Advise parent/guardian of seizure if not present.
7. Reorient the student and guide the student to a safe location to resume transport.
8. Document the event noting the duration of time, state of student before and after the seizure.
9. Document family contact, note time, date, including the year, and telephone number

Parent signature

Date