



South Lyon Community Schools

Special Services Office • 62500-B West Nine Mile Rd. • South Lyon, MI 48178 • (248) 573-8220 • Fax (248) 437-8438
Linda M. Raye, Director of Special Services

Seizure Emergency Care Plan for SCHOOL

Student Name: _____ Birth Date: _____ Date: _____

School: _____ Teacher: _____

Grade: _____ Room: _____

Address: _____

Emergency Phone Numbers: _____

Mother: _____

Father: _____

Other: _____

Physician: _____

This student has a seizure disorder which places him/her at risk for experiencing a seizure requiring emergency response. The following emergency plan is based on physician's recommendations: Child's symptoms usually are (circle all that apply):

1. **Absence seizure:** Stares into space, may drop head, comes back alert
Other symptoms include:

Treatment Plan for Absence Seizure:

Watch the clock, note time. Record duration of seizure, report to school/home.

2. **Other kind of Seizure:** _____

Treatment Plan for other kind of seizure:

Seizure Emergency Care Plan for SCHOOL

3. **Grand Mal Seizure:** Arms and leg jerking increased secretions in mouth, blue-gray skin color, shallow breathing, loss of bowel and bladder control, sleepy afterward.

Treatment Plan for Grand Mal Seizure:

- A. Note time seizure begins and duration of seizure.
- B. Remain with the child.
- C. Ease student to floor.
- D. Cushion head with hands or soft items..
- E. Loosen anything tight (i.e. jewelry, clothing).
- F. Turn student on side to prevent choking.
- G. If approved per a physician order, administer medication after _____ minutes.

**NEVER PUT ANYTHING IN THE MOUTH DURING THE SEIZURE.
NEVER HOLD THE CHILD DOWN DURING THE SEIZURE.**

If symptoms do not improve within 3 minutes:

(The student's first seizure continues or clusters of seizures occur)

- ◆ Notify school office to call parent and EMS/911
- ◆ Use Diastat, if ordered.
- ◆ If transportation to a hospital is necessary by ambulance after using Diastat, inform EMS to transport to _____.
- ◆ Provide student with reassurance.
- ◆ Have staff member meet EMS and escort to room.

If symptoms improve:

- ◆ Give reassurance.
- ◆ Notify school office.
- ◆ Notify parent.

Physician Signature _____

Parent Signature _____

This information expires on the last day of each school year.