



STUDENT SERVICES

Carol A. Zepecki, Ed.D. - Director, Student Services
Linda Lenoir, R.N., MSN - District Nurse (650) 329-3766

Seizure Disorder

Student _____ DOB: _____

Phone Numbers: Mother's Home: _____ Pager: _____

Father's Home: _____ Pager: _____

Allergies: _____

Physician: _____ Phone: _____

General Information: _____

Current Medication: _____

Dear Parent:

You have indicated on your child's Emergency Care Card the diagnosis of **Seizure Disorder**. Will you please supply us with the following information and return to your child's school.

When did your child last experience a seizure? _____

What was the duration of the episode? _____

Is your child currently on medication for this condition? _____

If yes, what is the medication? _____

When administered? _____

In your opinion could your child's condition present a medical emergency to which school personnel might have to respond? _____

PLEASE READ REVERSE SIDE AND HAVE YOUR PHYSICIAN SIGN

PLEASE RETURN TO SCHOOL ASAP

(Parent Signature) (School) (Date)



STUDENT SERVICES

Carol A. Zepecki, Ed.D. - Director, Student Services
Linda Lenoir, R.N., MSN - District Nurse (650) 329-376

**GUIDELINES FOR SEIZURE MANAGEMENT
(Except Generalized Tonic/Clonic Seizure Activity)**

Characteristics:

- Decreased level of awareness and *no* loss of consciousness
- Localized muscle twitching in one area of the body
- Eye rolling, jerking or staring
- Chewing or lip smacking movements
- Sudden loss of muscle tone

Action Steps:

1. Note time seizure begins and ends and body area affected.
2. Call nurse immediately for the following **seizure activity**:
 - if seizure is first for student.
 - if there is a change in the usual seizure pattern/time as described in IEP/IFSP.
 - if seizure is associated with fever.
 - if seizures have previously been controlled.
 - if student fails to return to usual self within 1 hour of seizure.
3. Do NOT transport student within 30 minutes of seizure occurrence unless **authorized by school nurse**.
4. Record seizure description on seizure log and notify parent as appropriate.
5. **Note:** Always page the School Nurse and the Principal if parent needs to be called for student pickup per protocol.

Call parents for pickup and recommend notification of student's doctor if:

- A seizure (other than generalized tonic/clonic) lasts more than _____ minutes or
- Student has more than _____ seizures (other than generalized tonic/clonic) in one day.

Note: If seizure progresses to generalized tonic/clonic seizure, follow "Guidelines for Management of Generalized Tonic/Clonic Seizures."

(Student's Name)

(DOB)

(Physician's Signature)

(Date)

(Print Physician's Name)

(Address/Clinic Stamp)

PLEASE FILL OUT REVERSE SIDE → → →

