



Individual Health Plan Seizure Disorder

Student Photo

Name: _____ Birth Date: _____

Type of Seizures:

Behavior **before** Seizure :

Behavior **during** Seizure : (duration and frequency)

Behavior **after** Seizure :

Health Care Provider to Complete

- No, this condition is not life threatening. No intervention is needed at this time.
- No, this condition is not life threatening. Accommodations needed (see below).
- Yes, this is a life threatening condition. An action plan is needed (see below).

Action Plan: If sending student anywhere, send with an escort

<p>Basic Management</p> <ul style="list-style-type: none"> • Stay calm & stay with student • Note time of onset of seizure • Help to the ground if loss of consciousness and turn student on side • Do not restrain student • Send for help • Have office staff contact parent • Have student rest in nurse's room after seizure is over 	<p>Call 911 if:</p> <ul style="list-style-type: none"> • Student turns blue and/or stops breathing (Begin CPR if not breathing) • Seizure lasts longer than 5 minutes • The person has a series of seizures • The student requests to be transported
--	---

Further instructions from HCP: (classroom, school bus, field trips, disaster etc.)

Health Care Provider Signature:	Date:
Parent Signature:	Date:
School Nurse Signature:	Date:

Date Reviewed with Parent

Date/Nurse Signature	Date/Nurse Signature	Date/Nurse Signature	Date/Nurse Signature