

**EMERGENCY CARE PLAN FOR SEIZURES  
West Fargo Public Schools**

Student Name \_\_\_\_\_ Date \_\_\_\_\_ DOB \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Additional Emergency Contact Name Number \_\_\_\_\_

Physician Signature \_\_\_\_\_ Phone \_\_\_\_\_

**Circle Type**                  Absence(Petit-mal)                  Generalized Tonic Clonic (Grand Mal)  
    Simple Partial(Focal)                  Complex Partial (Psychomotor)

Does this student take medication to prevent seizures? If so please list medications and possible side effects: \_\_\_\_\_

Symptoms that may occur with this student's seizures include: \_\_\_\_\_

Please detail other information that you wish the school to be aware of should a seizure occur: \_\_\_\_\_

- First Aid During Seizure**
- Do not restrain                  • Turn child on side                  • Do not put anything in mouth
  - Stay with child until fully conscious                  • Record seizure activity                  • Record start/end time
  - Ease to the floor to prevent falling                  • Move surrounding objects to prevent injury
- Other \_\_\_\_\_

**Emergency Treatment Call 911 if seizure** lasts longer than \_\_\_\_\_ minutes and if ordered give the Emergency Medication \***Diastat** Yes /No (circle one) **Oral Diazepam** Yes/No (circle one)

**Where will the Diastat/Oral Diazepam be kept (Circle all that apply)**

**On student (pocket, binder, purse)    Classroom    Nurses office    Locker    Gym Locker**

Medication **IS** required at school Yes/No (circle one).    Medication authorization on file Yes /No

**Notify parent of all seizure activity.** If a seizure occurs observe details of the seizure such as the duration, type of movement, body parts involved and the level of consciousness. Document the observations.

I give permission to the principal and to the school nurse to share this "Emergency Care Plan" with school faculty and staff as appropriate. This information will be shared for the purpose of providing first aid or other specific emergency care as described in the plan. I approve of the above "Emergency Care Plan" and request school personnel to follow the above "Emergency Care Plan" in the event of an emergency involving my child. I will notify the school immediately if my child's health status changes, or there is a change or cancellation of this "Emergency Care Plan." I further agree that the school personnel or nurse may contact the prescriber as needed and that medical information may be shared with school personnel who need to know.

In consideration of this authorization made at our request, the undersigned agrees to indemnify, defend, and save harmless the Board of Education, the individual members thereof and any officials or employees involved in the rendering of care in accord with the above "Emergency Care Plan" from any claims or liability for injury or damages, including but not limited to costs and reasonable attorney's fees, caused or claimed to be caused or to result from the administration of care in accord with the above "Emergency Care Plan".

**Does the student ride the bus to school?                  Circle                  Yes                  No**

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Date**

West Fargo Schools - Seizure Recording

Student Name \_\_\_\_\_ DOB \_\_\_\_\_

Date	Behavior Prior, Location Warning Signs	Respirations and Skin Color	Tremors		Aware of Surroundings?	Incontinent	Duration of Seizure	Injury? * /Fall	Post Seizure	911 ?	Parent Notified
			Stiffen								
			ARM R L LEG R L Entire Body	Yes No		Urine Stool	Start Stop		Drowsy, Irritable, Confused, Nauseated, Slurred Speech		
			ARM R L LEG R L Entire Body	Yes No		Urine Stool	Start Stop		Drowsy, Irritable, Confused, Nauseated, Slurred Speech		
			ARM R L LEG R L Entire Body	Yes No		Urine Stool	Start Stop		Drowsy, Irritable, Confused, Nauseated, Slurred Speech		
			ARM R L LEG R L Entire Body	Yes No		Urine Stool	Start Stop		Drowsy, Irritable, Confused, Nauseated, Slurred Speech		
			ARM R L LEG R L Entire Body	Yes No		Urine Stool	Start Stop		Drowsy, Irritable, Confused, Nauseated, Slurred Speech		
			ARM R L LEG R L Entire Body	Yes No		Urine Stool	Start Stop		Drowsy, Irritable, Confused, Nauseated, Slurred Speech		

\*If injury occurred, complete student accident/emergency incident form

Use back of page for more details if necessary

