



13. Limitations/Restrictions?

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14. Additional Comments:

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## **II. MEDICAL MANAGEMENT**

### **HOME**

What medication(s) does your child take regularly at home?

Medication	Date Started	Dosage	Frequency and time of day taken	Possible side effects

What emergency/rescue medications are prescribed for your child at home?

Medication	Dosage	Administration Instructions (timing* & method**)	What to do after administration:

\* After 2<sup>nd</sup> or 3<sup>rd</sup> seizure, for cluster of seizure, etc.

\*\* Orally, under tongue, rectally, etc.

Other medical considerations (ex. Wears helmet):

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### **SCHOOL**

Are medications needed **at school**?

YES NO

**If yes**, please complete a Medication Authorization Form with signature from parent and physician and return it to your child's school nurse's office.

List emergency/rescue medications prescribed for your child at school:

Medication	Dosage	Administration Instructions (timing* & method**)	What to do after administration:

Other special considerations and safety precautions for school setting (ex. Wears helmet, PE instructions, etc)

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**III. EMERGENCY INFORMATION**

What constitutes an emergency for your child? (Answer may require consultation with treating physician and school nurse.)

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Has child ever been hospitalized for uncontrollable seizures? YES    NO

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**A Seizure Is Generally Considered An Emergency When:**

- ✓ A convulsive (tonic-clonic) seizure lasts longer than 5 minutes (or as specified by physician)
- ✓ Child has repeated seizures without regaining consciousness
- ✓ Child has a first time seizure
- ✓ Child is injured or has diabetes
- ✓ Child has breathing difficulties
- ✓ Child has a seizure in water
- ✓ Child is pregnant and has a seizure

**Basic Seizure First Aid:**

- ✓ Stay calm & note time
- ✓ Stay with child
- ✓ Keep child safe
- ✓ Call for help
- ✓ Administer EMERGENCY MEDICATIONS if able
- ✓ Call 911 if needed
- ✓ Lower child to floor, provide for safety, protect head
- ✓ Do not restrain
- ✓ Keep airway open/watch breathing- DO NOT PUT ANYTHING INTO MOUTH
- ✓ Turn child to side
- ✓ Record length of seizure and symptoms

**Seizure management protocol**

- Child will be assessed
- Administration of emergency medications as prescribed
- 911 will be called in an emergency
- The parent or emergency contact will be called

**EMERGENCY CONTACT INFORMATION:**

Name	Relationship to Child	Phone Numbers
_____	_____	_____

\_\_\_\_\_

Physician Name \_\_\_\_\_ Phone Number \_\_\_\_\_

*The seizure management plan may be shared with school staff to support your child's safety in school. Parents are encouraged to discuss their child's medical needs with the transportation department as well as sponsors/coaches working with your child before or after school hours.*

Parent: \_\_\_\_\_ Date: \_\_\_\_\_

**SEIZURE LOG**

**CHILD NAME:**

Date & Time			
Seizure Length			
Pre-Seizure Observation (behaviors, activities)			
Conscious (yes/no/altered)			
Injuries (briefly describe)			
Muscle Tone/Body Movements	Rigid/clenching		
	Limp		
	Fell down		
	Rocking		
	Wandering around		
	Whole body jerking		
Extremity Movements	(R) arm jerking		
	(L) arm jerking		
	(R) leg jerking		
	(L) leg jerking		
	Random Movement		
Color	Bluish		
	Pale		
	Flushed		
Eyes	Pupils dilated		
	Turned (R or L)		
	Rolled up		
	Staring or blinking (clarify)		
	Closed		
Mouth	Salivating		
	Chewing		
	Lip smacking		
Verbal Sounds (gagging, talking, throat clearing)			
Breathing (normal, labored, stopped, noisy)			
Incontinent (urine or feces)			
Post-Seizure Observation	Confused		
	Sleepy/tired		
	Headache		
	Speech slurring		
	Other		
Length to Orientation			
Parents Notified? (time of call)			
EMS Called? (call time & arrival time)			
Observer's Name			