

**ROBINSON INDEPENDENT SCHOOL DISTRICT**

500 West Lyndale \* Robinson, Texas 76706  
(254) 662-0194 Fax (254) 662-0215

To the parents/guardian of \_\_\_\_\_:

Your child has been identified as having a seizure condition. Robinson I.S.D. wants to ensure that your child will be given the best emergency care available.

Please complete and return the attached **Seizure Action Plan** to the office of the school RN or Health Aide at your child's campus as soon as possible. When this is received, an Individualized Health Plan (IHP) will be completed and distributed to all district employees who are responsible for providing instruction, transportation, or supervision of students during on- campus and off-campus activities.

The student's parent/guardian is required to provide any and all emergency medical drug(s) needed for seizure activities. Please complete the attached Medication Administration form for any medication brought to school, one medication per form please. All medication must be brought to school by an adult and not transported by the student, especially on the bus.

This will need to be completed every year your child is in school. If you have any questions or concerns, please contact me.

Thanks for your cooperation.

Laura Bearden, BSN, RN  
Robinson ISD Head District Nurse  
Phone: 254-662-5000, ext. 209  
Fax: 254-662-3140  
E-mail: [laura.bearden@robinson.k12.tx.us](mailto:laura.bearden@robinson.k12.tx.us)

**This student is being treated for a seizure disorder.  
The information below should assist you if a seizure occurs during school hours.**

Student's Name	Date of Birth	
Parent/Guardian	Phone	Cell
Other Emergency Contact	Phone	Cell
Treating Physician	Phone	
Significant medical history		

### Seizure Information

Seizure Type	Length	Frequency	Description

Seizure triggers or warning signs \_\_\_\_\_ Student's reaction to seizure(s) \_\_\_\_\_

### Basic First Aid: Care & Comfort

Please describe basic first aid procedures

Does student need to leave the classroom after a seizure?  Yes  No

If YES, describe process for returning student to classroom

### Basic Seizure First Aid

- Stay calm & track time
- Keep child safe
- Do not restrain
- Do not put anything in mouth
- Stay with child until fully conscious
- Record seizure in log
- For tonic-clonic (grand mal) seizure:**
- Protect head
- Keep airway open/watch breathing
- Turn child on side

### Emergency Response

A "seizure emergency" for this student is defined as:

#### Seizure Emergency Protocol

(Check all that apply and clarify below)

- Contact school nurse at \_\_\_\_\_
- Call 911 for transport to \_\_\_\_\_
- Notify parent or emergency contact
- Administer emergency medications as indicated below
- Notify doctor
- Other \_\_\_\_\_

#### A seizure is generally considered an emergency when:

- Convulsive (tonic-clonic) seizure lasts longer than 5 minutes
- Student has repeated seizures without regaining consciousness
- Student is injured or has diabetes
- Student has a first-time seizure
- Student has breathing difficulties
- Student has a seizure in water

### Treatment Protocol During School Hours (include daily and emergency medications)

Emerg. Med. ✓	Medication	Dosage & Time of Day Given	Common Side Effects & Special Instructions

Does student have a **Vagus Nerve Stimulator**  Yes  No If YES, describe magnet use \_\_\_\_\_

### Special Considerations and Precautions (regarding school activities, sports, trips, etc.)

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_