

**Ware County School Health Services
Seizure Plan of Care for School Year 2023 - 2024**

Student Information

Student Name: _____ DOB: ___/___/___ Sex: _____ Race: _____
 School: _____ Homeroom Teacher: _____ Grade: _____
 Bus Rider: _____ No _____ Yes (if yes, indicate bus number _____) Special Ed: _____ 504 _____

Seizure Information

Seizure Type	Typical Length	Typical Frequency	Description/Symptoms
Seizure Triggers or Warning Signs			
Student's Response after a Seizure			

Daily Maintenance Seizure Medications

Medication	Dosage	Common Side Effects & Special Instructions

Emergency Seizure Rescue Medication/Therapy

Give if seizure is a (cluster, # or length of time)	
Name of Medication	
How much to give (dose) & how to administer	
Potential adverse response to medication	
Care needed after dose is given.	
When is the student able to resume usual activities?	

Does student have a Vagus Nerve Stimulator (VNS)? ___ Yes ___ No

If YES, describe magnet use: _____

GREEN ZONE	<p align="center">Green Zone: Seizure is less than 2 minutes.</p> <ul style="list-style-type: none"> Begin seizure First Aid Closely observe student until recovered from seizure Notify parent/guardian Return student to class 	<p align="center">Basic Seizure First Aid</p> <ul style="list-style-type: none"> Stay calm & track time of seizure activity Keep child safe Do not restrain the child Do not put anything in the student's mouth Record seizure in Infinite Campus as a Health Office Visit Stay with child until fully conscious <p align="center">For Tonic-Clonic Seizure</p> <ul style="list-style-type: none"> Protect head Keep airway open and watch breathing Turn child on side <p>A seizure is generally considered an emergency when:</p> <ul style="list-style-type: none"> 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 	
	YELLOW ZONE		<p align="center">Yellow Zone: Seizure lasts 2 to 5 minutes</p> <ul style="list-style-type: none"> Continue Seizure First Aid Call for help Prepare to administer Diastat/Versed/Valium as ordered Closely observe student until recovered Notify parent/guardian Student may return to class/home as instructed by parent/guardian
			RED ZONE

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

Describe any special considerations or precautions: _____

Student's understanding of and ability to manage their diagnosis: _____

Physician Name: _____ Office Number: _____

Physician Signature (No Stamp Please) X _____ Date _____

Parent/Guardian Name: _____ Phone Number: _____

Parent/Guardian Signature X _____ Date: _____

Parent/Guardian signature indicates acknowledgement and release for sharing medical information between our student's physician and other health care providers and authorizing the designates school nurse to share medical information with other school employees as necessary.

