



MENASHA JOINT SCHOOL DISTRICT

School Health Services



SEIZURE EMERGENCY HEALTH PLAN

Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Care Provider \_\_\_\_\_ Provider Phone: \_\_\_\_\_

Seizure Type	Length	Frequency	Description

Seizure Triggers or warning signs:

Student's response after seizure:

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

<p style="text-align: center;"><b>Basic Seizure First Aid</b></p> <ul style="list-style-type: none"> <li>● Stay calm and track time</li> <li>● Keep child safe</li> <li>● Do not restrain</li> <li>● Do not put anything in the mouth</li> <li>● Stay with child until fully conscious</li> <li>● Record seizure in log</li> <li>● Protect head</li> <li>● Keep airway open/watch breathing</li> <li>● Turn child on side</li> </ul>	<p style="text-align: center;"><b>Call 911 if</b></p> <ul style="list-style-type: none"> <li>● Student is injured or has diabetes</li> <li>● Student has breathing difficulties</li> <li>● Student has a seizure in water</li> <li>● Convulsive seizure last longer than 5 minutes</li> <li>● Student has repeated seizures without regaining consciousness or 2 or more seizures in 1 hour</li> <li>● Emergency medication (listed below) is given</li> </ul>
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Emergency Medication	Dosage	Common side effects & Special instructions

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Parent/Guardian Signature                      Date                      Physician/HCP Authorization Signature                      Date

I hereby authorize the school district staff members to take whatever action in their judgment may be necessary in supplying emergency medical services with this plan, including the administration of medication to my child. I also hereby authorize the school district staff members to disclose my child's protected health information to all staff, chaperones and other non-employee volunteers at the school or at school events and field trips. I hereby give my permission to school personnel to contact the child's physician if necessary. I understand it is my responsibility to see that the medication is delivered to the school office in the original container and to pick up any remaining medication within one week after the last day of the school year. Medication remaining at school will be discarded.(4/12/2019)