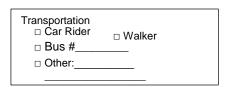
Campus Nurse will attach
Student Photo





Seizure Action Plan

Student's Name			Г	Date of Birth	10	GRADE	_		
Stadent 3 Name			Date of Billin						
Parent/Guardian	Phone			Cell	Cell				
Other Emergency contact	Phone			Cell					
Significant Medical History:									
Seizure Description (Check all that apply)									
Seizure Type	ements			requency					
Seizure Type	Lengui	Length		requericy		Description	_		
							_		
							_		
Seizure triggers or warning signs:		Stud	dent's	response a	fter a seizure:				
Basic First Aid: Care & Comfort					Bas	sic Seizure First Aid			
Please describe basic first aid procedu	res:				Stay calm & track time				
·					Keep child safeDo not restrain				
					Do not put anyt Stay with child	thing in mouth until fully conscious			
Does student need to leave the classro			□ No		 Record seizure 	e in log			
If Yes, describe process for returning s	tudent to classroom:				For tonic-clonic • Protect head	seizure:			
					Keep airway open/watch breathing Turn child on side				
Emergency Response					- 1 4111 511114 511 51				
Name of Emergency Medication:	Seizure Emer	gency Protoco	ı		A seizure	is generally considered an			
3 ,	* Contact camp	us nurse at			E	Emergency when:			
	* Administer em * Call 911	ergency medicati	ions			ic-clonic) seizures lasts longer than 5 minutes eated seizures without regaining consciousness			
Dosage:		or emergency con	tact		 Student is injured 	d or has diabetes			
Route:	* Document Epi	sode/Student Acc	cident R	eport Filed	Student has a firstStudent has brea				
Administer for seizures lasting for more	* Other:				Student has a se	eizure in water			
thanminutes. Medication(s) to be Given During School Hours									
Medication (S) to be given burning Sc	Dosage	Time to be 0	Sivon	Cor	nmon Side Eff	ects/Special Instructions			
Medication	Dosage	Time to be c	JIVEII	001	illion Side Lin	ects/opecial matructions	_		
							_		
Does student have a Vagus Nerve Stimula	tor? Yes No If YE	S, Location GEN	IERATO	R	MAGNET				
VAGUS NERVE STIMULATION (VNS): □ Swipe magnet at seizure onset.									
□ Swipe finagriet at seizure onset. □ Swipe for report of aura									
Repeat swipetimes everyminutes. If seizure last 5 minutes, CALL 911 and implement Emergency Response indicated above.									
Other:									
KEEP MAGNET 10" AWAY FROM CREDIT CARDS, TELEVSION, CELL PHONES, COMPUTERS, MICROWAVES, WATCHES AND OTHER MAGNETS. THE MAGNET CAN BREAK IF DROPPED.									
USE THE MAGNET BY MOVING OR PASSING THE MAGNET OVER THE GENERATOR FOR APPROXIMATELY 1 SECOND.									
THE STUDENT WILL RECEIVE ONE MINUTE OF STIMULATION AFTER EACH MAGNET SWIPE. Special Considerations and Precautions (regarding school activities, sports, trips, etc.)									
Describe any special considerations or precautions:									
I AGREE with the recommendations of my child's HCP and authorize Waller ISD staff to deliver treatment as outlined above.									
above. □ I DO NOT approve of the standardized procedure(s) and, therefore have attached my alternate written recommendations.									
	rocedure(s) and, there	fore have attache	ed mv al	ternate writte	n recommendatio	ons.			
I give permission for my child's HCP to com						ons.			
I give permission for my child's HCP to com	municate with appropri		mployee	s for the curre			7		
			mployee			Date:	7		
I give permission for my child's HCP to com	municate with appropri		mployee	s for the curre					

ADDENDUM to Action Plan

NUI	RSE USE ONLY:			
	Transportation Notified: Date Faxed			
	Bus Driver Notified			
	Added to Medical Alerts			
	Self-Carry			
	Diet Modification: Date Faxed			
	RTI 504 ARD Committee Notified: Date			
In a	ddition: A full IHP needed for a 504 or an ARD			
	Field Trips	Student will be grouped with a train	ned staff member.	
	Before or After School Activities (i.e. Safety Patrol, Clubs, Sports)	Nurse and Parent will discuss a plan for their child.		
	Emergency Evacuation of School	Nurse will bring medication/supplies out of building and will attend to student as needed.		
	♦ TRAINED STAI			
Teac	(To be completed by her's Name:	campus personner)	Date:	
Teac	her's Name:		Date:	
Adm	inistrator's Name:		Date:	
Offic	e Staff's Name:		Date:	
	teria Staff's Name:		Date:	
Bus I	Driver's Name:	Date:		
Othe	er Name:	Date:		
	er Name:	Date:		
Othe	er Name:		Date:	
OT	HER COMMENTS:			
 Nur	se Signature:	Date:		