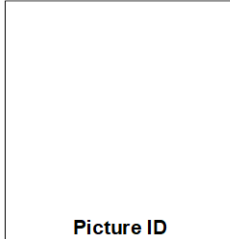




Seizure Care Plan

Student's Name: _____ Grade: _____ Div: _____
 Facility Name: _____ Facility Address: _____

Student's Full Name: _____
 Date of Birth: _____
 Parent/Guardian: _____
 Phone (home/cell): _____ Phone (work): _____
 Emergency Contact: _____
 Phone (home): _____ Phone (work): _____
 Health Care Provider: _____ Phone: _____



Picture ID

HISTORY:

Type of Seizure: _____
 Date of last seizure: _____ How often do they occur: _____
 Student wears a Medic-Alert
 Is the student taking medication Yes No
 If Yes name of medication: _____ Dose: _____
 How long have they been taking this medication: _____
 Additional Information about medication: _____

USUAL SEIZURE PRESENTATION:

What happens during a seizure: _____

 Warning signs before a seizure: _____

CARE PLAN INFORMATION:

Names of staff oriented to plan: _____
 Emergency plan review date (to do yearly): _____

Websites: www.bcepilepsy.com www.epilepsy.ca

EMERGENCY TREATMENT FOR SEIZURES:

- Keep Calm.
- Do not restrain student during the seizure
- Protect student from injury:
 - Move hazardous objects out of the way
 - Lower student to the floor
 - Gently roll the student onto their side
 - Protect head
 - Do not put anything in the student's mouth
- Stay with student and provide reassurance and privacy
- Call 911 if:
 - Seizure lasts longer than 5 minutes,
 - Student has several seizures in a row without recovery
 - When unsure how long convulsions have lasted
 - Confusion persists for more than 20 mins after seizure
 - When a seizure occurs in water
 - If student is injured, pregnant or has diabetes
- Notify parent/guardian

It is the parent's responsibility to notify the facility of any change in the child's condition.

Sign below if you agree with above Information & Plan:

Health Care Provider (eg. Dr/Specialist/NP) _____ Date _____
 Parent/Guardian _____ Date _____
 Childcare Supervisor/School Personnel _____ Date _____

Seizure Care Plan is provided as a resource from Vancouver Coastal Feb 2018

