

SEIZURE AWARENESS

Student Name: _____ D.O.B: _____ Grade: _____ Room: _____

Address: _____ Home Phone #: _____

Mother's Name: _____ Work Phone #: _____

Mobile #: _____

Father's Name: _____ Work Phone #: _____

Mobile #: _____

Doctor's Name: _____ Doctor's Phone #: _____



Hospital: _____ Insurance: _____ Policy #: _____

Typical seizure looks like: _____

Does your child have any warning first? _____

Typical seizure last for: _____ Frequency of seizures: _____

Last known seizure: _____ How does your child act after a seizure ends? _____

Usual time before your child is back to normal: _____

Medication your child takes: _____

Anything your child is not allowed to do? _____

If your child has a seizure, the following should be done:

- 1) ! Call the office for assistance.
- 2) ! Protect from hurting himself – put something soft under his head; move things (i. e. desks, chairs, etc.) away from him; turn him on his side if his tongue is falling back into his throat, or he has increased salivation; DO NOT put anything in his mouth or between his teeth.
- 3) Time seizure (the start and end) by the clock. **START TIME:** _____ **ENDING TIME:** _____
- 4) **OFFICE TO CALL 911 if seizure lasts longer than 5 min. (Call 911 immediately if he is not breathing).**
- 5) Send rest of the class to a buddy room or outside.
- 6) CPR as needed after seizure stops.

Other things the school should know: _____

I GIVE MY CONSENT FOR THIS INFORMATION TO BE SHARED WITH SCHOOL STAFF.

Parent's Signature: _____ Date: _____

School Nurse's Signature: _____ Date: _____

Principal's Signature: _____ Date: _____

Teacher's Signature: _____ Date: _____