



Northbrook | Glenview School District 30

2374 Shermer Road, Northbrook, IL 60062
(847) 498-4190, www.district30.org

Seizure Care Plan

Student Name _____ Birth date _____

School _____ Grade _____

Physician's Name _____ Phone _____

Emergency Contact Name/Relation #1 _____ Phone _____

Emergency Contact Name/Relation #2 _____ Phone _____

For Emergency Transport Call 911

Type of Seizure Disorder _____

Date of Diagnosis _____ Date of last seizure _____

Recent History	When	Activity/Event/Trigger
Seizure at home		
Seizure at school		
Need for emergency medications		

Daily Maintenance Seizure Medications (circle those that apply)

Medication	Where?		When?		
	Home	School	AM	Noon	PM
	Home	School	AM	Noon	PM
	Home	School	AM	Noon	PM
	Home	School	AM	Noon	PM

Emergency School Seizure Medications (circle those that apply)

Medication	Where is it kept?		When to use?
	Health Office	With student	
	Health Office	With student	
	Health Office	With student	

Typical Seizure (circle those that apply)

Type of Seizure	Description
Absence (Petit Mal)	Mild form of seizure, dizziness or staring into space
Tonic-Clonic (Grand Mal)	Seizure with severe convulsions & loss of consciousness
Myoclonic	Spasms limited to 1 side of body or 1 muscle group
Atonic (drop attacks)	Produce head drops, loss of posture, or sudden collapse
Simple Partial Seizure	Electrical disturbance, remains conscious
Complex Partial Seizure	Electrical disturbance, consciousness loss or impaired

Other type of seizure typical to your child: _____

Behavior Changes related to Seizures (before/during/after) (circle those that apply)

Abnormal body movements	Sudden weakness/falling	Odd facial expressions
Odd eye rolling/staring	Mouth movements/chewing	Lip smacking/sucking
Repeating words/sounds	Arms jerk/drop/throw	Weakness of arms/legs
Hand movements/fumbling	Abnormal perception	No response to voice/touch
Odd sensory experiences	Sweating	Change in heart rate
Flushed skin tone	Pale skin tone	Drooling
Hallucinations	Sensitive to light/sound	Emotional changes

Do any of the above behaviors typically occur prior to the onset of a seizure?

Special instructions if observed:

Describe YOUR CHILD’S typical seizure:

Seizure First Aid for Tonic/Clonic Seizure:

- 1) Keep calm. Keep/put students in a reclining or side-lying position and allow seizure to run its course.
- 2) Push away near-by objects.
- 3) Call for help. Use phone or walkie-talkie to contact health assistant.
- 4) Have someone escort other students to alternate location.
- 5) Do not force a blunt object between teeth.
- 6) Do not restrain student.
- 7) If seizure lasts beyond 5 minutes or if seizures occur consecutively – CALL 911
- 8) CALL PARENT

Post Seizure Care (for seizures lasting less than 5 minutes) Underline all that apply:

- 1) When the muscle jerking has stopped:
 - a. Turn student onto his/her side
 - b. Maintain an open airway
 - c. Give artificial respiration if breathing stops and CALL 911
 - d. Do not give any fluids if unconscious or partially conscious
- 2) After the seizure, allow student to sleep or rest for _____ (amount of time) and NOTIFY PARENTS.

Special Instructions:

This Care Plan has been completed and reviewed by physician, parent, and School Health Assistant. The information will be provided to administrators, teachers, and staff to allow for awareness and preparedness in providing the best care for the student.

This Care Plan and emergency medications are to accompany the student on school Field Trips.

Physician Signature _____ Date _____

Parent Signature _____ Date _____