Campus: _____ School Year: _____

Academy ISD Health Services Parent Authorization for Seizure Emergency Plan

Student	DOB	Grade/Homeroom	Rides Bus #

Seizure Type: ☐ Absence (staring/unresponsive) ☐ Partial (occurs while student is conscious ☐ Generalized tonic-clonic (grand mal, convulsive)	Age of seizure diagnosis	Possible seizure triggers
Describe seizure/usual length	Date of last seizure	Length of seizure

Current meds to treat seizures
Describe any special considerations or precautions (protective equipment) that should be taken during the school day:
Under what conditions can a student stay at school after having a seizure?

Seizure Emergency Medication required at school: Name/Dosage/Route/Times	Pharmacy/RX #	Expiration Date

Vagus Nerve Stimulator (VNS): ☐ No ☐ Yes (describe instructions)
Medication will be kept at school: ☐ N/A ☐ In health office ☐ Student will carry in/on_____ Other_____

Please review standard emergency care at school and ADD ADDITIONAL INSTRUCTIONS as needed

IF YOU SEE THIS:	DO THIS:
• Muscle twitching or tensing and alternately contracting and relaxing • Speech disturbance, or inability to speak • Abrupt changes in vision, hearing, or balance • Paleness or flushing of the face • Motionless stare or a sudden stop of activity • Involuntary movement of eyes, head, or other parts of the body • Change in level of consciousness • Falling down without a reason	• Call the office for assistance and ask for the nurse to go to student's location [DO NOT walk student to clinic] • Assure SAFETY of student → move objects away that may cause injury • Monitor student level of consciousness. If at any time the student becomes **unconscious**, gently lower student to the floor and place on their side → use rolled jacket to cushion head • DO NOT attempt to hold down/restrain the student • DO NOT attempt to place any object in their mouth • Take necessary action to prevent the student from hitting their head and injuring self. • Document start time and end time of seizure activity. • If the student has emergency seizure medication, administer as directed and call 911. ALWAYS CALL 911 if: • Seizure lasts more than 3 minutes* • Student has difficulty breathing • Student has repeated seizures without regaining consciousness ☐ Or if: _____ • **CONTACT PARENT AS SOON AS POSSIBLE**

*typically, emergency services are necessary for seizures lasting longer than 5 minutes. Academy ISD requires additional time for transport.

Additional instructions:

Physician/Parental authorization for SEIZURE EMERGENCY PLAN

Authorizing Physician: (print)	Physician signature:	Date:

Additional Comments:	Physician Phone:

I grant permission to Academy ISD to administer the medication listed above to my child. I am giving permission to AISD staff to contact my physician for additional information as necessary. If the school nurse deems it necessary, I grant permission to notify my child's teacher(s) of his/her health condition. I understand that a medically untrained designee of the principal may give the medication. I understand that, per Texas Education Code 22.052, it is my responsibility to submit a parent/guardian-signed medication administration form [a separate, additional document] to accompany medications that are to be left at school.

Parental authorization: (print & sign)	Date:

Parent Email:	Best emergency phone:	Other phone:

Emergency Contact:	Phone:	Other phone:

SCHOOL USE ONLY (below this line)

Received By: (print & sign)	Date:	Teachers notified		Rides Bus #
Campus Nurse: (print & sign) I have reviewed and understand this form. I feel competent to execute this Seizure Emergency Plan.		☐ RN ☐ LVN ☐ other	Initial	Date:
Supervising RN: (print & sign) I have reviewed this form and delegate the execution of this Seizure Emergency Plan to the above-named individual.			Initial	Date:

CAMPUS NURSES: if medication is indicated, you MUST have a medication administration form SIGNED BY GUARDIAN prior to administration. Document administration of medication on BOTH the form and the Electronic Health Record. Update yearly. _____ initial _____ initial

Staff Notes

(document parent contact, clarification, indicate additional forms, etc.)