

Belton ISD Health Services
Parental Authorization for Seizure Emergency Plan

School Year: 2019-2020 Campus:

Student Last Name	Student First Name	DOB	Grade/Homeroom	Transportation: Rides bus # _____ Car rider Walker
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No Yes Student in Special Education Program?	No Yes Student in 504 Program? (School accommodations for those with chronic health conditions)
Age of seizure onset:	Date and length of last seizure
Describe seizure/usual length:	
Possible seizure triggers:	
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 needed at school: Dosage/Route/Times	Expiration Date
Vagus Nerve Stimulator (VNS)? <input type="checkbox"/> No <input type="checkbox"/> Yes (Describe instructions:)	
Medication at school: <input type="checkbox"/> N/A <input type="checkbox"/> In Health Clinic VNS at school: <input type="checkbox"/> N/A <input type="checkbox"/> In Health Clinic <input type="checkbox"/> Location: _____	

Standard Seizure Emergency Plan for School
Please review standard seizure emergency plan for school and add additional instructions as needed

<p>If the student has a seizure or if you see any of the following:</p> <ul style="list-style-type: none"> • Muscle twitching or tensing and alternately contracting and relaxing • Inability to speak • Motionless stare or sudden stop of activity • Involuntary movement of eyes, head or other parts of the body • Falling down without a reason • Change in level of consciousness 	<p>Do This:</p> <ul style="list-style-type: none"> • Assure the student's safety and move objects away that may cause injury • Administer emergency medications as directed and/or use the VNS (vagal nerve stimulator) if ordered. • Monitor level of consciousness, and if at any time becomes unconscious, gently lower student to the floor and place on their side • Protect the student's head from injury- may use folded sheet in emergency med bag • Document time the seizure started and its duration • Do NOT hold the person down or try to restrict movements • Do NOT force anything in the student's mouth • Reassure student as consciousness returns • Allow to student to rest • Contact parent as soon as possible <p>Always call 911/ Mr. MERT if:</p> <ul style="list-style-type: none"> • Seizure last longer than 5 minutes • If emergency medication is given • If student has breathing difficulties • If student has repeated seizures without regaining consciousness
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Additional instructions:

Physician: Print Name	Physician Signature	Physician Phone	Date
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I grant permission to BELTON ISD to administer this medication to my child. I am giving permission to BISSD staff to contact my physician for additional information if necessary. If the school nurse deems it necessary, I grant permission to notify my child's teacher(s) of his health condition. I understand that a medically untrained designee of the principal may give the medication.

Parental Signature	Best emergency phone	Other phone	Date
Emergency Contact	Phone	Other phone	

Trained Staff-Print name and initial after completing training on administering this medication, which includes seeking additional training or assistance as needed when administering this medication. **Trainer**- sign and date beside name of staff member that has completed the knowledge and skills to administer this medication.

Trained staff: Print Name/initial	Trainer Signature	Training Date	Trained staff: Print Name/initial	Trainer Signature	Training Date

If administered:	Date	Time	Initials	Date	Time	Initials