

Belton ISD Health Services
Parental Authorization for Seizure Emergency Plan

School Year: _____ Campus: _____

Student Last Name	Student First Name	DOB	Grade/Homeroom	Transportation: <input type="checkbox"/> Rides bus # _____ <input type="checkbox"/> Car rider <input type="checkbox"/> 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
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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
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Vagus Nerve Stimulator (VNS)? No Yes (Describe instructions:)

Medication at school: N/A In Health Clinic VNS at school: N/A In Health Clinic Location: _____

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

If the student has a seizure or if you see any of the following:

- 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

Do This:

- 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

Always call 911/ Mr. MERT If:

- Seizure last longer than 5 minutes
- If emergency medication is given
- If student has breathing difficulties
- If student has repeated seizures without regaining consciousness

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

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