



Seizure Care Plan

Child's Name _____ Date of Birth ____/____/____
 Parent/Guardian Name _____
 Emergency Phone Numbers: Parent/Guardian: _____
 Primary Health Provider Name: _____ Emergency Phone: _____
 Seizure Specialist's Name: _____ Emergency Phone: _____

Known Triggers for Child's Seizure: (Check all that apply):

- Times Flashing Light Illness Stress
- Sleep Pattern Fever Excitement
- Other, specify _____

Please describe a typical seizure for this child, i.e. type of seizure, duration, child's response, etc.

Has this child had a seizure in last: 6 months if yes, when? _____
 12 months? If Yes, when? _____

Please describe any warning signs of an oncoming seizure:

What procedures are to be followed should a seizure occur at school: (Completed by a physician).

Reminders

Basic Seizure First Aid

- Stay calm & track time
- Keep child safe
- Do not restrain
- Do not put anything in mouth
- Stay with child until fully conscious

For tonic-clonic seizure:

- Protect head
- Keep airway open
- Turn child on side

A seizure is generally considered an emergency when:

- Convulsive seizures last longer than 5 minutes
- Student has repeated seizures w/o gaining consciousness
- Student is injured or has diabetes
- Student has a first time seizure
- Student has difficulty breathing
- Student has a seizure in water

3. Child's doctor and child care facility should keep a current copy of this form in child's record.



Seizure Care Plan

Medications for emergency treatment of seizures for:

Child's Name _____ Date of Birth ____/____/____

Name of Medication:

When to use (e.g., symptoms, time of day, frequency, etc.)	
How to use:	
Amount (dose) of medication	
How soon treatment should start to work	
Expected benefit for child	
Possible benefit of child	
Possible side effects, if any	
Date instructions were last updated by child's doctor	

Doctor's Name:

Doctor's Signature

____/____/____
Date

I authorize Kids Central, Inc. to follow the medication plan specified above:

Parent's Signature

____/____/____
Date