



Seizure Action Plan

Effective Date: _____

THIS STUDENT IS BEING TREATED FOR A SEIZURE DISORDER. THE INFORMATION BELOW SHOULD ASSIST YOU IF A SEIZURE OCCURS DURING SCHOOL HOURS.

Student's Name: _____ Date of Birth: _____
Parent/Guardian: _____ Phone: _____ Cell: _____
Treating Physician: _____ Phone: _____
Significant medical history: _____

SEIZURE INFORMATION:

Seizure Type	Length	Frequency	Description

Seizure triggers or warning signs: _____

Student's reaction to seizure: _____

BASIC FIRST AID: CARE & COMFORT: (Please describe basic first aid procedures)

Does student need to leave the classroom after a seizure? ☐ YES ☐ NO
If YES, describe process for returning student to classroom: _____

EMERGENCY RESPONSE:

A "seizure emergency" for this student is defined as: _____

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
- ✓ Record seizure in log

For tonic-clonic (grand mal) seizure:

- ✓ Protect head
- ✓ Keep airway open/watch breathing
- ✓ Turn child on side

Seizure Emergency Protocol: (Check all that apply and clarify below)

- ☐ Contact school nurse at _____
- ☐ Notify parent or emergency contact
- ☐ Notify doctor
- ☐ Administer emergency medications as indicated below
- ☐ Other _____

A Seizure is generally considered an Emergency when:

- ✓ A convulsive (tonic-clonic) seizure lasts longer than 5 minutes
- ✓ Student has repeated seizures without regaining consciousness
- ✓ Student has a first time seizure
- ✓ Student is injured or has diabetes
- ✓ Student has breathing difficulties
- ✓ Student has a seizure in water
- ✓ Person is pregnant

TREATMENT PROTOCOL DURING SCHOOL HOURS: (include daily and emergency medications)

Daily Medication	Dosage & Time of Day Given	Common Side Effects & Special Instructions

Emergency/Rescue Medication. **If Administered, 911 will be called.**

Does student have a **Vagus Nerve Stimulator (VNS)**? ☐ YES ☐ NO

If YES, Describe magnet use: _____

SPECIAL CONSIDERATIONS & SAFETY PRECAUTIONS: (regarding school activities, sports, trips, etc.)

Physician Statement: I am requesting the administration of Diastat/Intranasal Versed as ordered in the FCS Seizure Action Plan for the treatment of prolonged seizures in the school setting. I understand and agree that Diastat/Intranasal Versed will be administered by a trained lay person and that monitoring equipment such as blood pressure cuffs, oximetry, etc. will not be available at the school during administration.

Physician Name (PRINT) _____

Physician Signature _____

Date _____

Parent Name (PRINT) _____

Parent Signature _____

Date _____

Reviewed by: _____

Date: _____

*Refer to 504 coordinator if appropriate
Seizure Action Plan Packet November 2023



Seizure Action Plan - Parent Questionnaire

Please complete all questions. This information is essential for the school nurse and school staff in determining your student's special needs and providing a positive and supportive learning environment. If you have any questions about how to complete this form, please contact your child's school nurse.

CONTACT INFORMATION:

Student's Name: _____ School Year: _____ Date of Birth: _____
School: _____ Grade: _____ Classroom: _____
Parent/Guardian Name: _____ Phone 1: _____ Phone 2: _____
Other Emergency Contact: _____ Phone 1: _____ Phone 2: _____
Child's Neurologist: _____ Phone: _____ Location: _____
Child's Primary Care Dr: _____ Phone: _____ Location: _____
Significant medical history or conditions: _____

SEIZURE INFORMATION:

1. When was your child diagnosed with seizures or epilepsy? _____

2. Seizure type(s):

Seizure Type	Length	Frequency	Description

3. What might trigger a seizure in your child? _____

4. Are there any warnings and/or behavior changes before the seizure occurs? ☐ YES ☐ NO

If YES, please explain: _____

5. When was your child's last seizure? _____

6. Has there been any recent change in your child's seizure patterns? ☐ YES ☐ NO

If YES, please explain: _____

7. How does your child react after a seizure is over? _____

8. How do other illnesses affect your child's seizure control? _____

BASIC FIRST AID: Care and Comfort Measures

9. What basic first aid procedures should be taken when your child has a seizure in school?

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
- ✓ Record seizure in log

For tonic-clonic (grand mal) seizure:

- ✓ Protect head
- ✓ Keep airway open/watch breathing
- ✓ Turn child on side

10. Will your child need to leave the classroom after a seizure? ☐ YES ☐ NO

If YES, What process would you recommend for returning your child to classroom:

SEIZURE EMERGENCIES

11. Please describe what constitutes an emergency for your child? (Answer may require consultation with treating physician and school nurse.)

12. Has child ever been hospitalized for continuous seizures? ☐ YES ☐ NO

If YES, please explain: _____

A Seizure is generally considered an Emergency when:

- ✓ A convulsive (tonic-clonic) seizure lasts longer than 5 minutes
- ✓ Student has repeated seizures without regaining consciousness
- ✓ Student has a first time seizure
- ✓ Student is injured or diabetic
- ✓ Student has breathing difficulties
- ✓ Student has a seizure in water

SEIZURE MEDICATION AND TREATMENT INFORMATION

13. What medication(s) does your child take?

Medication	Date Started	Dosage	Frequency and time of day taken	Possible side effects

14. What emergency/rescue medications needed medications are prescribed for your child?

Medication	Dosage	Administration Instructions (timing* & method**)	What to do after administration:

* After 2nd or 3rd seizure, for cluster of seizure, etc. ** Orally, under tongue, rectally, etc.

15. What medication(s) will your child need to take during school hours? _____

16. Should any of these medications be administered in a special way? ☐ YES ☐ NO

If YES, please explain: _____

17. Should any particular reaction be watched for? ☐ YES ☐ NO

If YES, please explain: _____

18. What should be done when your child misses a dose? _____

19. Should the school have backup medication available to give your child for missed dose? ☐ YES ☐ NO

20. Do you wish to be called before backup medication is given for a missed dose?

21. Does your child have a Vagus Nerve Stimulator? ☐ YES ☐ NO

If YES, please describe instructions for appropriate magnet use: _____

SPECIAL CONSIDERATIONS & PRECAUTIONS

22. Check all that apply and describe any considerations or precautions that should be taken

- ☐ General health: _____
- ☐ Physical functioning: _____ ☐ Physical education (gym)/sports: _____
- ☐ Learning: _____ ☐ Recess: _____
- ☐ Behavior: _____ ☐ Field trips: _____
- ☐ Mood/coping: _____ ☐ Bus transportation: _____

Other: _____

GENERAL COMMUNICATION ISSUES

23. What is the best way for us to communicate with you about your child's seizure(s)?

24. Can this information be shared with classroom teacher(s) and other appropriate school personnel? ☐ YES ☐ NO

Parent/Guardian Print Name: _____ Date: _____ Dates Updated: _____

Parent/Guardian Signature: _____ Reviewed by: _____ Date: _____



Request for Administration of Medication

If medications can be given at home or after school hours, please do so. However, if medication administration is absolutely necessary to be given during school hours, this form must be completed.

Permission is hereby granted to the local school principal or his/her designee to supervise my child in taking the following prescribed medication.

I hereby release and discharge the Forsyth County Board of Education and its employees and officials from any and all liability in case of accident or any other mishap in supervising said medication due to any side effects, illness, or other injury which might occur to my child through supervising said medication. I hereby release aforementioned officials from any liability because of any injury or damage which might occur.

I give the above-mentioned personnel permission to contact my child's health care provider and/or pharmacy to acquire medical information concerning my child's diagnosis, medication, and other treatment(s) required.

I understand that:

- All medications, herbals, and supplement must be approved by the U.S. Food and Drug Administration and appear in the U.S. Pharmacopeia.
- Medications must be in the original container.
- Parent/Guardian must provide specific instructions (including drugs and related equipment) to the principal or his/her designee.
- It will be the responsibility of the parent/guardian to inform the school of any changes in pertinent data. New medications will not be given unless a new form is completed.
- All medication will be taken directly to the office by the parent or guardian. Students may not have medication in their possession, except with a physician's request or a physician's order on a Forsyth County care plan.
- Students who violate these rules will be in violation of the Alcohol/Illegal Drug Use Policy (JCDAC).
- A daily record shall be kept on each medication administered. This record will include student's name, date, medication administered, time, and signature of school personnel who supervised.
- MEDICATIONS MUST BE PICKED UP BY PARENT/GUARDIAN. Any medication not picked up from the school by the end of the last school day of the year will be considered abandoned. Abandoned medication will be properly discarded in accordance with local, state, and federal laws/rules by the school nurse and an administrator.

Name of Student: _____ Date of Birth: _____

School: _____ Grade: _____ Teacher: _____

Medication: _____ Date of Prescription: _____

Physician's Name: _____ Physician's Phone: _____

Dosage & Time of Administration: _____

Allergies: _____ Stop Medication on: _____

Statement of Parent or Guardian

I hereby give my permission for my child to receive this medication at school.

Parent/Guardian Name (Print) _____ Parent/Guardian Signature _____ Date _____

Home Phone _____ Work Phone _____ Cell phone _____

To be completed by Physician for long-term medications (more than two weeks): "Physician" as defined in Article 2 of the Medical Practice Act of Georgia

Condition/Illness Requiring Medication: _____

Possible Side Effects of Medication: _____

Other Medication Student is Taking: _____

Physician's Signature: _____ Date: _____

Parent/Guardian Picked Up Medication: _____ Date: _____

Parent Signature: _____ Nurse: _____ Date: _____



Administration of Medication Information

The administration of medication to students during the school day presents an increased concern and awareness of the need to have written procedures.

Medication may be dispensed to students with the assistance of school personnel whenever physicians find it necessary to prescribe medication to be taken during school hours. School personnel will cooperate with parents in this regard by providing a place for the medication to be stored; however, the major responsibility for a child taking medication at school rests entirely with the child's parents.

A nurse is not always available to assist in the administration of the medication. The student may be assisted by an adult designated by the principal.

Prescription and non-prescription medication will be given to students by school personnel only when the following guidelines are observed:

***All medication MUST be in its original container and MUST be brought to school by the parent or guardian.** Medications brought in baggies or other unmarked containers will not be given. Prescription medication must be in the pharmacy container labeled with the child's name, date, name of medication, name of the prescribing physician, time(s) the medication is to be given and name of the pharmacy filling the prescription. We request that you ask the pharmacist to give you two labeled prescription bottles so that you have one bottle at home and one at school.

*A "Request for Administration of Medication" form (see back) must be completed by the parent/guardian (and physician if the medication needs to be given for longer than two weeks - such as (Ritalin) and sent to school along with the medication.

***Do not send medication to school which needs to be given daily or two/three times a day unless the physician specifically states a time during the school day which it is to be given.** An antibiotic which is to be given three times daily can be given before the child leaves for school, when he/she gets home, and at bedtime.

*School personnel cannot give medication that contains aspirin to students under 18 years old due to the correlation with Reyes Syndrome. Examples are Pepto Bismol, Excedrin Migraine, Goody's Powder.

The safety and well-being of your child is our concern. With your understanding and cooperation, we can eliminate much of the unnecessary medications that are brought to school and ensure that our students who do need to take medication at school will receive it appropriately. If you have any questions regarding medications, please call your child's school or you may call the school nurse.



Authorization For Students to Carry a Prescription Inhaler, Epinephrine Auto Injector, Insulin, and Diabetic Supplies, or Other Approved Medication

_____ needs to carry the following prescription labeled inhaler, epinephrine auto injector, insulin, and diabetic supplies, and/or

_____ prescription medication with him/her. The above-named student has been instructed in the proper use of the medication and fully understands how to administer this medication.

It is preferable that a second prescription inhaler, epinephrine auto injector, additional insulin, and diabetic supplies or other prescribed medication be kept in the school in case the first is lost or left at home.

Name of Medication: _____

Practice Name

Address

Telephone Number

Examiner's Name (Please Print)

Credentials

Examiner's Signature

Date

I have been instructed in the proper use of my prescription labeled medication and fully understand how it is administered. I will not allow another student to use my medication under any circumstances. I also understand that should another student use my prescription, the privilege of carrying my medication may be altered. I also accept responsibility for notifying the school nurse each time I take my medication.

Student's Signature

Date

I hereby request that the above-named student, over whom I have legal guardianship, be allowed to carry, and use this prescribed medication at school:

- I accept legal responsibility should the medication be lost, given to, or taken by another person other than the above-named student.
- I understand that if this should happen, the privilege of carrying the medication may be altered.
- I release Forsyth County School System and its employees of any legal responsibility when the above-named student administers his/her own medication.

Parent/Guardian Name (Please Print)

Parent/Guardian Signature

Date



FCS Health Services Guidelines Emergency Seizure Medication

The FCS Student Support Department provides for the monitoring, storage and administration of medication to students with medical conditions. Through the school nurse program, FCS Student Support also trains and supervises additional FCS personnel in the administration of medication.

The following medication rules and procedures have been developed to address the administration of emergency seizure medication including, but not limited to the following: Diazepam, Diastat, Midazolam, and/or Versed medication. These medication rules and procedures apply to FCS students during regular school hours, at school-sponsored activities, and at after-school events. These medication rules and procedures shall be communicated to parents/guardians, students, and all FCS school staff as appropriate.

I. Guidelines for Emergency Seizure Medication

- A. Emergency Seizure Medications addressed in these guidelines include, but are not limited to, the following: Diazepam/Diastat rectal gel and Midazolam/Versed nasal spray.
- B. Emergency seizure medications may not be transported to school or returned home by U.S. mail or other delivery service.
- C. The parent/guardian/designated adult responsible for an FCS student who has been diagnosed with a seizure disorder should complete annually and/or if change in medication the FCS Questionnaire for Parent(s) of a Student with Seizures, FCS Seizure Action Plan, and FCS Request for Administration of Medication in order to allow the FCS school nurse and school staff to determine the student's special needs and to be able to provide a positive and supportive learning environment.
- D. In order for an FCS student to be authorized to carry emergency seizure medication to school, the student and that student's parent/guardian/designated adult and physician are required to complete annually and/or if change in medication the FCS Authorization for Students to Carry a Prescription Inhaler, Epinephrine Auto Injector, Insulin, Diabetic Supplies, or Other Approved Medication form and return it to the school to be kept on file with the school nurse.
- E. FCS school employees (including FCS bus drivers and/or bus monitors) will not assume primary responsibility and liability for transporting and/or storing student emergency seizure medication.
- F. Administration of Emergency Seizure Medication on The School Bus
 - 1. Consistent with the opinion of the Children's Epilepsy Center of Children's Healthcare of Atlanta, FCS Student Support has determined that the use/administration of Diazepam/Diastat rectal gel and Midazolam/Versed nasal spray is not appropriate during student transportation on an FCS school bus. Please also note Section II Medication Administration for Students in Special Education.

Both the determination of FCS Student Support and the opinion of the Children's Epilepsy

Center of Children's Health Care of Atlanta are based on the following factors:

- a. Need for specialized training of school bus personnel
- b. Inability to administer safely, due to space limitation on the school bus
- c. Global traffic safety issues
- d. Student privacy and confidentiality.

The following procedures will be followed by FCS school bus personnel when a child has a seizure during transportation on an FCS school bus:

- a. If a seizure is observed on a school bus, the seizure should be timed.
- b. If the seizure lasts longer than five (5) minutes, 911 should be called for assistance.
- c. Any additional instructions to be followed by emergency medical personnel should be outlined in the FCS Seizure Action Plan on file for the student.
- d. See FCS Seizure Action Plan (a seizure is considered an emergency).

II. Medication Administration for Students in Special Education:

- A. Medication administration for students who are classified as severely or profoundly intellectually disabled, lower functioning moderately intellectually disabled, orthopedically impaired, severely behavior disordered or severely emotionally disabled, and/or are not able to administer their own medication should adhere to the following guidelines:
 1. The school principal should:
 - a. Designate special education staff to administer medications to identified students;
 - b. Designate additional personnel to be trained to assist with medication administration in the event of absence of the special education staff member;
 - c. Notify designated personnel of the absence of the special education staff member.
 2. FCS Special Education and FCS Student Support will:
 - a. Provide annual in-service training of FCS special education staff (including special education bus drivers and monitors) and designated FCS personnel who assist in medication administration;
 - b. Provide appropriate supervision of trained FCS personnel;
 - c. Consult with the school principal if there are concerns regarding the selection of designated special education personnel for medication administration which may affect the physical health or safety of the identified student.



Parent Notification of Forsyth County Schools Protocol for
Administration of Diastat/Versed

STUDENT NAME: _____ DATE OF BIRTH: _____
(Please Print)

- If needed for a prolonged or cluster seizure, Diastat and/or Versed will be administered to a student per the written orders of the student's physician.
- Diastat and/or Versed will be administered by the school nurse or other school personnel who have received training on the procedure for giving this medication.
- If Diastat and/or Versed is administered, **911 will be called immediately.**
- When Diastat and/or Versed is given, there will be close monitoring of the student's respiratory status and seizure activity.
- Once Paramedics arrive, they will determine if the student needs transporting to the nearest children's hospital or if the parents can monitor the child at home. If parents are not on site at the school, the student will be transported to the hospital.

Parent/Guardian will be contacted as soon as possible.

Contact Names

Contact Phone Numbers

1. _____
2. _____
3. _____

Diastat and/or Versed will be stored at the school and will not be transported to and from school. FCS school employees (including FCS bus drivers and/or bus monitors) will not assume primary responsibility or liability for transporting and/or storing student emergency seizure medication.

If your child has a seizure on the bus, **the bus driver will call 911.** However, when on field trips with the teacher and paraprofessional, Diastat and/or Versed may be administered with parent/guardian permission.

Trained school staff have my permission to administer Diastat and/or Versed if a seizure occurs while on a field trip.

_____ Yes _____ No

I have read and understand the above protocol for administering Diastat and/or Versed to my child.

Parent/Guardian (Please Print)

Date

Parent/Guardian Signature