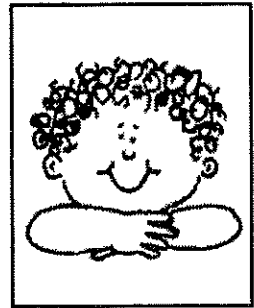


INDIVIDUALIZED HEALTH CARE PLAN

Livonia Public Schools

Confidential



Name: _____
 Health Concern: **SEIZURE DISORDER**
 Date of Birth: _____ Student ID: _____
 Case Manager: _____ Ext: _____

Seizure Triggers or Warning Signs _____

Seizure Type	Length	Frequency	Description

Student's Response after a Seizure _____

- BASIC SEIZURE FIRST AID -



Cushion Head



Loosen Neckwear



Turn on Side



Nothing in Mouth

Stay calm and track the time until the child is fully conscious. Record the seizure in log

A SEIZURE IS GENERALLY CONSIDERED AN EMERGENCY WHEN:

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

A SEIZURE EMERGENCY FOR THIS STUDENT IS DEFINED AS:

WHAT TO DO IN AN EMERGENCY:

- ⊕ Call 9-911 for transport
- ⊕ Notify parent or emergency contact
- ⊕ Administer emergency medication as indicated below

Emerg Med (✓)	Medication	Dosage & Time of Day Given	Common Side Effects & Special Instructions

Does student have a Vagus Nerve Stimulator? Yes No If YES, describe magnet use: _____

Special Considerations & Precautions (regarding school activities, sports, trips, etc.)

Contact Information

Parent/Guardian _____

Home _____ Cell _____ Work _____

Parent/Guardian _____

Home _____ Cell _____ Work _____

Other Contact _____

Home _____ Cell _____ Work _____

Student's Doctor _____

Address _____

Phone _____ Fax _____

The following individuals have reviewed this Health Care Plan and support its implementation.

 _____  _____
Parent / Guardian Signature Date Administrator Signature Date Doctor Signature (required) Date