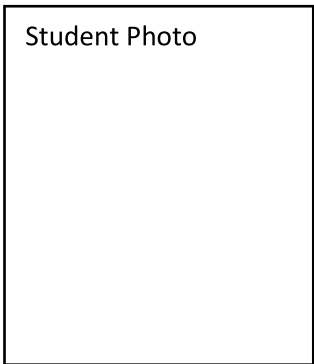
SEIZURE DISORDER MANAGEMENT PLAN

(Note: This form (or copy) must be taken on all out of school activities/field trips)



Student: ____________________________ **Date of Birth:** __________________

Teacher: ____________________________

EMERGENCY CONTACT: List order to call 1-2-3:

Mother's Name _______________________ Contact Number _________________

Father's Name _______________________ Contact Number __________________

Emergency Contact __________________ Contact Number__________________

Health/Diagnostic Information: include information about type of medication, dosage and frequency; note the possibility of incontinence during loss of consciousness. Ensure a blanket and pillow are available and where appropriate a change of clothes.

MEDICAL DIAGNOSIS: ____

Triggers Preceding a Seizure (if known):

Frequency of Seizure Activity (if known):

Description of Seizure (Non-Convulsive):

Required Action:

Description of Seizure (Convulsive):

Required Action:

FIRST AID TREATMENT –TONIC CLONIC:

Procedure will be to call 911 immediately unless there is written instructions from child's physician to do otherwise.

There are written instructions _____yes ______no.

If yes - attach physician's instructions to this form.

Medication:
(Prior to medications being administered by school staff the Board's 'Request and Consent for Administration of Prescribed Medication' Form must be completed by parent/guardian and provided to school administrator).

Name of Medication:

____

____

Specific direction to administer medication (time, with or without food/drink etc):
(Note: Rectal suppositories will not be administered by Board staff.)

____

____

____

____

Possible Side effects:

____

____

____

OTHER INFORMATION:

____

____

____

I/We will immediately contact the School if I believe that circumstances might require an amendment to amend the Management Plan outlined above>

____ ________________________

Signature of Parent/Guardian Date

The personal and/or health related information used and disclosed on this form has been done so in accordance with the *Education Act, Municipal Freedom of Information and Protection of Privacy* Act and the *Personal Health Information Protection Act.*