



**PREVALENT MEDICAL CONDITION EPILEPSY/SEIZURE
Plan of Care**

STUDENT INFORMATION

Student Name:	Date of Birth:	Age:	Student Photo (Optional)
SIS #:	Teacher:	Grade:	

EMERGENCY CONTACTS (LIST IN PRIORITY)

NAME	RELATIONSHIP	DAYTIME PHONE	ALTERNATE PHONE
1.			
2.			
3.			

Has an emergency rescue medication been prescribed? Yes No

If yes, attach the rescue medication plan, healthcare providers' orders and authorization from the student's parent(s)/guardian(s) for a trained person to administer the medication.

Note: Rescue medication training for the prescribed rescue medication and route of administration (e.g. buccal or intranasal) must be done in collaboration with a regulated healthcare professional.

KNOWN SEIZURE TRIGGERS (CHECK ALL THOSE THAT APPLY)

- Stress Menstrual Cycle Inactivity Changes in Diet Electronic Stimulation (TV, Videos, Florescent Lights)
 Illness Improper Medication Balance Change in weather Lack of Sleep
 Other(Specify) _____ Any Other Medical Condition or Allergy? _____

DAILY/ROUTINE EPILEPSY MANAGEMENT

DESCRIPTION OF SEIZURE (NON-CONVULSIVE)	ACTION: (e.g. description of dietary therapy, risks to be mitigated, trigger avoidance)
DESCRIPTION OF SEIZURE (CONVULSIVE)	ACTION:

SEIZURE MANAGEMENT

Note: It is possible for a student to have more than one seizure type. Record information for each seizure type.

SEIZURE TYPE	ACTIONS TO TAKE DURING SEIZURE
(e.g. tonic-clonic, absence, simple partial, complex partial, atonic, myoclonic, infantile spasms)	
Type: _____ Description: _____	
Frequency of Seizure Activity: _____ Typical Seizure Duration: _____	

BASIC FIRST AID: CARE AND COMFORT**EMERGENCY PROCEDURES**

First aid procedure(s):

Does student need to leave classroom after a seizure? Yes No

If yes, describe process for returning student to classroom:

BASIC SEIZURE FIRST AID

- Stay calm and track time and duration of seizure
- Keep student safe
- Do not restrain or interfere with student's movements
- Do not put anything in student's mouth
- Stay with student until fully conscious

FOR TONIC-CLONIC SEIZURE:

- Protect student's head
- Keep airway open/watch breathing
- Turn student on side

Students with epilepsy will typically experience seizures as a result of their medical condition.

Call 911 when:

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

*Notify parent(s)/guardian(s) or emergency contact.

HEALTHCARE PROVIDER INFORMATION (OPTIONAL)**Healthcare provider may include:** Physician, Nurse Practitioner, Registered Nurse, Pharmacist, Respiratory Therapist, Certified Respiratory Educator, or Certified Asthma Educator.

Healthcare Provider's Name: _____ Profession/Role: _____

Special Instructions/Notes/Prescription Labels: _____

If medication is prescribed, please include dosage, frequency and method of administration, dates for which the authorization to administer applies, and possible side effects.

*This information may remain on file if there are no changes to the student's medical condition.

AUTHORIZATION/PLAN REVIEW

INDIVIDUALS WITH WHOM THIS PLAN OF CARE IS TO BE SHARED

1. _____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____

Other individuals to be contacted regarding Plan of Care:

Before-School Program Yes No _____After-School Program Yes No _____

School Bus Driver/Route # (If Applicable) _____

Other: _____

This plan remains in effect for the 20__ — 20__ school year without change and will be reviewed on or before:

_____. (It is the parent(s)/guardian(s) responsibility to notify the principal if there is a need to change the plan of care during the school year.)

I/We hereby request that the Peel District School Board, its employees or agents, as outlined, administer the above procedure to my/our child. The Peel District School Board employees are expected to support the student's daily or routine management, and respond to medical incidents and medical emergencies that occur during school, as outlined in board policies and procedures. Parent(s)/guardians and students acknowledge that the employees of the Peel District School Board, who will administer the related procedures, are not medically trained. At all times it remains the responsibility of the parents to ensure that clear instructions and current physician's orders are provided to the principal.

Authorization for the collection of this information is in the Education Act, the Municipal Freedom of Information and Protection of Privacy Act, and the Personal Health Information Protection Act, as amended and as applicable. This form will be kept for a minimum period of one calendar year. The contact person concerning this collection is the school principal.

Parent(s)/Guardian(s) Signature: _____

Date: _____

Student Signature: _____

Date: _____

Principal Signature: _____

Date: _____