

**NEW PRAGUE AREA SCHOOLS**  
**Health Services**  
**Individual Health Plan**  
**Seizures**

Student \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_  
 School \_\_\_\_\_ Effective Date \_\_\_\_\_  
 Parent \_\_\_\_\_ Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_  
 Parent \_\_\_\_\_ Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_  
 Emergency Contact Person (if parents unavailable) \_\_\_\_\_ Phone \_\_\_\_\_

Health Care Providers:  
 \_\_\_\_\_ Phone \_\_\_\_\_  
 \_\_\_\_\_ Phone \_\_\_\_\_

Special Health Concerns:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Medications:  
 Name of medication-home or school-dosage-side effects  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>Nursing Diagnosis</b>	<b>Goal</b>	<b>Plan</b>
1. Potential for Injury	Student will remain safe during a seizure.	LSN will instruct staff in strategies to protect student during seizure.
2. Potential for medication non-compliance.	Student understands condition and complies with medication regimen.	Student will be provided developmentally appropriate information on seizures and medication.
3. Potential for alteration in attention and behavior related to seizures and/or medication.	Student will experience success in educational setting.	Staff will be aware of potential learning deficits due to side effects of medication or seizures
4.		

Health Services Director \_\_\_\_\_ Date \_\_\_\_\_  
 Parent \_\_\_\_\_ Date \_\_\_\_\_