

**New Prague Area Schools
Health Services**

**SEIZURE
EMERGENCY CARE PLAN**

* Have available in case of emergency transport *

Name:		Grade:		School:	
Address:					
Parent's Name:		Phone: Home			
		Work			
		Cell or Pager			
Parent's Name:		Phone: Home			
		Work			
		Cell or Pager			
Physician or Clinic:		Phone:			
Medical Diagnosis:	Seizure disorder				
Present Medications:					
Medication Allergies:		Other Allergies:			
Symptoms			Actions to Take		
Jerking of limbs, unresponsiveness. May fall to the ground.			Lay student on floor away from sharp objects or furniture. Turn on side. Time seizure. Do not restrict movement or put anything in mouth. Stay with student. Call Building Nurse at ext.____ and page District nurse at x1760 or 952-217-1090, Notify parent.		
Unable to breathe, turns blue in color, seizure lasts more than ____ minutes or child has second seizure right after first one.			Call 911 and Building Nurse at ext. ____ page District nurse at x1760 or 952-217-1090. Notify parent.		
Health Services Director:				Date:	
Parent:				Date:	