

Effective Date: _____

THIS STUDENT IS BEING TREATED FOR A SEIZURE DISORDER. THE INFORMATION BELOW SHOULD ASSIST YOU IF A SEIZURE OCCURS DURING SCHOOL HOURS.

Student's Name: _____ Date of Birth: _____
Parent/Guardian: _____ Phone: _____ Cell: _____
Treating Physician: _____ Phone: _____
Significant medical history: _____

SEIZURE INFORMATION:

Seizure Type	Length	Frequency	Description

Seizure triggers or warning signs: _____

Student's reaction to seizure: _____

BASIC FIRST AID: CARE & COMFORT: (Please describe basic first aid procedures)

Does student need to leave the classroom after a seizure? YES NO
If YES, describe process for returning student to classroom: _____

Basic Seizure First Aid:
 Stay calm & track time
 Keep child safe
 Do not restrain
 Do not put anything in mouth
 Stay with child until fully conscious
 Record seizure in log
For tonic-clonic (grand mal) seizure:
 Protect head
 Keep airway open/watch breathing
 Turn child on side

EMERGENCY RESPONSE:

A "seizure emergency" for this student is defined as: _____

Seizure Emergency Protocol: (Check all that apply and clarify below)

- Contact school nurse at _____
- Notify parent or emergency contact
- Notify doctor
- Administer emergency medications as indicated below
- Other _____

TREATMENT PROTOCOL DURING SCHOOL HOURS: (include daily and emergency medications)

Does student have a **Vagus Nerve Stimulator (VNS)**? YES NO

If YES, Describe magnet use: _____

SPECIAL CONSIDERATIONS & SAFETY PRECAUTIONS: (regarding school activities, sports, trips, etc.)

Physician Statement: I am requesting the administration of

Please complete all questions. This information is essential for the school nurse and school staff in determining your student's special needs and providing a positive and supportive learning environment. If you have any questions about how to complete this form, please contact your child's school nurse.

CONTACT INFORMATION:

Student's Name: _____ School Year: _____ Date of Birth: _____

SEIZURE EMERGENCIES

11. Please describe what constitutes an emergency for your child? (Answer may require consultation with treating physician and school nurse.)



Administration of Medication Information

The administration of medication to students during the school day presents an increased concern and awareness of the need to have written procedures.

Medication may be dispensed to students with the assistance of school personnel whenever physicians find it necessary to prescribe medication to be taken during school hours. School personnel will cooperate with parents in this regard by providing a place for the medication to be stored; however, the major responsibility for a child taking medication at school rests entirely with the child's parents.

A nurse is not always available to assist in the administration of the medication. The student may be assisted by an adult designated by the principal.

Prescription and non-prescription medication will be given to students by school personnel only when the following guidelines are observed:

***All medication MUST be in its original container and MUST be brought to school by the parent or guardian.** Medications brought in baggies or other unmarked containers will not be given. Prescription medication must be in the pharmacy container labeled with the child's name, date, name of medication, name of the prescribing physician, time(s) the medication is to be given and name of the pharmacy filling the prescription. We request that you ask the pharmacist to give you two labeled prescription bottles so that you have one bottle at home and one at school.

*A "Request for Administration of Medication" form (see back) must be completed by the parent/guardian (and physician if the medication needs to be given for longer than two weeks - such as (Ritalin) and sent to school along with the medication.

***Do not send medication to school which needs to be given daily or two/three times a day unless the physician specifically states a time during the school day which it is to be given.** An antibiotic which is to be given three times daily can be given before the child leaves for school, when he/she gets home, and at bedtime.

*School personnel cannot give medication that contains aspirin to students under 18 years old due to the correlation with Reyes Syndrome. Examples are Pepto Bismol, Excedrin Migraine, Goody's Powder.

The safety and well-being of your child is our concern. With your understanding and cooperation, we can eliminate much of the unnecessary medications that are brought to school and ensure that our students who do need to take medication at school will receive it appropriately. If you have any questions regarding medications, please call your child's school or you may call the school nurse.



Authorization For Students to Carry a Prescription Inhaler, Epinephrine Auto Injector, Insulin, and Diabetic Supplies, or Other Approved Medication

_____ needs to carry the following prescription labeled inhaler, epinephrine auto injector, insulin, and diabetic supplies, and/or

_____ prescription medication with him/her. The above-named student has been instructed in the proper use of the medication and fully understands how to administer this medication.

It is preferable that a second prescription inhaler, epinephrine auto injector, additional insulin, and diabetic supplies or other prescribed medication be kept in the school in case the first is lost or left at home.

Name of Medication: _____

Practice Name Address Telephone Number

Examiner's Name (Please Print) Credentials

Examiner's Signature Date

I have been instructed in the proper use of my prescription labeled medication and fully understand how it is administered. I will not allow another student to use my medication under any circumstances. I also understand that should another student use my prescription, the privilege of carrying my medication may be altered. I also accept responsibility for notifying the school nurse each time I take my medication.

Student's Signature Date

I hereby request that the above-named student, over whom I have legal guardianship, be allowed to carry, and use this prescribed medication at school:

I accept legal responsibility should the medication be lost, given to, or taken by another person other than the above-named student.
I understand that if this should happen, the privilege of carrying the medication may be altered.
I release Forsyth County School System and its employees of any legal responsibility when the above-named student administers his/her own medication.

Parent/Guardian Name (Please Print) Parent/Guardian Signature Date

The FCS Student Support Department provides for the monitoring, storage and administration of medication to students with medical conditions. Through the school nurse program, FCS Student Support also trains and supervises additional FCS personnel in the administration of medication.

The following medication rules and procedures have been developed to address the administration of emergency seizure medication including, but not limited to the following: Diazepam, Diastat, Midazolam, and/or Versed medication. These medication rules and procedures apply to FCS students during regular school hours, at school-sponsored activities, and at after-school events. These medication rules and procedures shall be communicated to parents/guardians, students, and all FCS school staff as appropriate.

I. Guidelines for Emergency Seizure Medication

Emergency Seizure Medications addressed in these guidelines include, but are not limited to, the following: Diazepam/Diastat rectal gel and Midazolam/Versed nasal spray.

Emergency seizure medications may not be transported to school or returned home by U.S. mail or other delivery service.

The parent/guardian/designated adult responsible for an FCS student who has been diagnosed with a seizure disorder should complete annually and/or if change in medication the FCS Questionnaire for Parent(s) of a Student with Seizures, FCS Seizure Action Plan, and FCS Request for Administration10 (es)4 (i)6 (gna)9.9 (t)2 (ed)10 (ad)ee4 and Tw 0.uMonon10 (es)4 (i)6 (g

Center of Children's Health Care of Atlanta are based on the following factors:

- Need for specialized training of school bus personnel
- Inability to administer safely, due to space limitation on the school bus
- Global traffic safety issues
- Student privacy and confidentiality.

The following procedures will be followed by FCS school bus personnel when a child has a seizure during transportation on an FCS school bus:

- If a seizure is observed on a school bus, the seizure should be timed.
- If the seizure lasts longer than five (5) minutes, 911 should be called for assistance.
- Any additional instructions to be followed by emergency medical personnel should be outlined in the FCS Seizure Action Plan on file for the student.
- See FCS Seizure Action Plan (a seizure is considered an emergency).

II. Medication Administration for Students in Special Education:

Medication administration for students who are classified as severely or profoundly intellectually disabled, lower functioning moderately intellectually disabled, orthopedically impaired, severely behavior disordered or severely emotionally disabled, and/or are not able to administer their own medication should adhere to the following guidelines:

The school principal should:

- Designate special education staff to administer medications to identified students;
- Designate additional personnel to be trained to assist with medication administration in the event of absence of the special education staff member;
- Notify designated personnel of the absence of the special education staff member.

FCS Special Education and FCS Student Support will:

- Provide annual in-service training of FCS special education staff (including special education bus drivers and monitors) and designated FCS personnel who assist in medication administration;
- Provide appropriate supervision of trained FCS personnel;
- Consult with the school principal if there are concerns regarding the selection of designated special education personnel for medication administration which may affect the physical health or safety of the identified student.

STUDENT NAME: _____ DATE OF BIRTH: _____
(Please Print)

Versed

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- If needed for a prolonged or cluster seizure, Diastat and/or Versed will be 0 0 0 0 MCID 4 BDC /TT0