TRADERS POINT CHRISTIAN SCHOOLS

TRAINING SCHOLARS. MAKING DISCIPLES. GRADUATING LEADERS.

Seizure Medical Action Plan

Student Name: _____ DOB: _____

Teacher/Grade: _____

Seizure History:

1. Type of seizure (please check all that apply)
   - ▢ absence (petit mal) ▢ clonic ▢ myoclonic
   - ▢ tonic-clonic/convulsive (grand mal) ▢ tonic ▢ atonic (drop attacks)
   - ▢ other _____
2. What does a typical seizure look like?
   _____
   _____
   _____
   _____
3. Possible triggers/warning signs (aura):_____
   _____
4. Typical postictal behaviors:_____
   _____
5. Date of last seizure:_____

Basic Seizure First Aid:

- Stay calm
- Track time- when seizure starts and when it ends
- Keep child safe-lower to the ground, something soft under head, move furniture away
- Position on side
- Do not restrain
- Do not put anything in mouth
- Stay with student

Seizure Emergency-call 911:

- Tonic-Clonic seizure lasts more than 5 minutes
- Student has repeated seizures without regaining consciousness
- Student is injured or has diabetes
- Student has breathing difficulties
- Student has seizure in water
- Student has first-time seizure

Emergency Contacts:

Early Childhood
6590 S. Indianapolis Road
Whitestown, IN 46075
(317) 769-2450

Lower School
5770 Whitestown Parkway
Whitestown, IN 46075
(317) 769-2450

Upper School
5608 Whitestown Parkway
Whitestown, IN 46075
(317) 360-0468

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Name/Relationship: Number:

a. _____ _____

b. _____ _____

Even if a parent/guardian cannot be reached, do NOT hesitate to medicate or take child to a medical facility.

Medications:

1. Daily Medications

Medication	Dosage	Frequency and Time of Day Taken	Possible Side Effects

2. Emergency Medications

Medication	Dosage	Administration Instructions (timing & method)

3. Does your child have a Vagus Nerve Stimulator?
   - ▢ YES ▢ NO

   If yes, please describe instructions for appropriate magnet use:_____
   _____
   _____

Special Considerations/Precautions:

1. Physical Education/Sports:_____
2. Recess:_____
3. Field Trips:_____
4. Bus Transportation:_____

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PERMISSION TO GIVE MEDICATION

Permission is hereby granted to the school nurse or his/her designee to supervise my child in taking the above prescribed/OTC medication(s).

I hereby release and discharge Traders Point Christian Schools and its employees from any and all liability in case of an accident or any other mishap in supervising said medication due to any side effects, illness or other injury which might occur to my child through supervising said medication.

I understand that:

- All medications must be approved by the U.S. Food and Drug Administration and appear in the U.S. Pharmacopeia.
- Medications (prescribed and OTC) MUST be in the original container/packaging and include the original prescription label from the pharmacy with student's name, DOB, medication name, dosage, route and frequency.
- It will be the responsibility of the parent/guardian to inform the school of any changes in pertinent data related to the medication(s).
- New medications will not be given unless a new form is completed.
- All medications (including OTC) will be taken directly to the front office or School Nurse office by the parent or guardian. Students may NOT have medications in their possession, except with a physician's request on file.
- A daily record shall be kept on each medication administered at school.
- At the end of the school year, any and all medications must be picked up by a parent/guardian. Any medication not picked up from the school by the end of the last school day or the year will be considered abandoned. Abandoned medication will be properly discarded in accordance with local, state, and federal laws/rules by the school nurse and another school employee.

Parent/Guardian Signature:_____ Date:_____

Healthcare Provider Name:_____

Healthcare Provider Signature:_____ Date:_____

Reviewed by School Nurse:_____ Date:_____