LOGOS
PUBLIC CHARTER SCHOOL
Innovative Education Kindergarten to Career
1203 N Ross Ln, Medford, OR 97501 | 541.842.3658

Standard Health Plan for Seizures

Student:_____ DOB:_____ Grade:_____ Student ID:_____

Symptom	Action
• Change in consciousness. • Tingling or burning sensation on one side of the body. • Blank staring or daydreaming • Automatic movements without awareness.	1. Assist student to safe position on floor. 2. Attempt to get student's attention. 3. Notify parents. 4. Monitor student until symptoms are gone.
• Loss of muscle tone. • Quick, sudden jerking. • Stiffening of body parts. • Loss of bowel or bladder control.	1. Remove objects that may cause injury. 2. Cushion head. 3. Remove glasses. 4. Loosen tight clothing. 5. Turn the student on their side if able to keep the airway clear. 6. Do not put anything in the student's mouth. 7. Do not restrain student. 8. Locate student's seizure medication if available. 9. Time the seizure. 10. Notify parents 11. Monitor student until parent arrives.

Call 911 if:

Symptom	Action
• Convulsive seizure lasting longer than 5 minutes. • Student has repeated seizures without regaining consciousness. • Student is injured or has diabetes. • Student has first time seizure. • Student has breathing difficulties. • Student has a seizure in water.	1. Call 911 2. Notify parents. 3. Monitor student until ambulance arrives. 4. Perform CPR if student stops breathing or if heart stops beating.

Anti-convulsant medication and emergency medication may only be administered by staff with a permission form signed by a parent/guardian and training by the district nurse. Students are never permitted to carry controlled medications– they must be securely stored on campus. I agree to this Standard Health Care Plan for Seizures.

_____ _____

Parent/Guardian Signature Date

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Individualized Health Plan for Seizures (Nurse Use Only)

Student:_____ DOB:_____ Grade:_____ Student ID:_____

Parent/Guardian:_____ Phone:_____

Parent/Guardian:_____ Phone:_____

Additional Emergency Contact:_____ Phone:_____

Additional Emergency Contact:_____ Phone:_____

The student has this type of Seizure:	☐ Convulsive (Tonic-Clonic/Grand Mal) ☐ Absence (Petit Mal) ☐ Other_____
The student shows these symptoms when having a seizure:	
The student takes these medications for Seizures (include emergency medication):	
In the event the student has a Seizure, do the following:	
Special considerations and precautions:	

I give permission to staff members of Logos Public Charter School to perform the tasks as outlined by my child's Individualized Health Plan. I also consent to the release of the information pertaining to my child's care to the staff members who have custodial care and those who may need to know this information to maintain my child's health and safety during the school day. **Anti-convulsant medication and emergency medication may only be administered by staff with a permission form signed by a parent/guardian and training by the district nurse**. Students are never permitted to carry controlled medications– they must be securely stored on campus. **Staff may only administer medications with a permission form signed by parent/guardian.**

_____ _____

Parent/Guardian Signature Date