Return completed form to:
Jefferson County Public Schools,
Health Services Department, LAM Building
4309 Bishop Lane, Louisville, KY 40218
Telephone # (502) 485-3387
Fax # (502) 485-3670

JEFFERSON COUNTY PUBLIC SCHOOL
SCHOOL HEALTH PLAN
SEIZURE

School Year:

DO NOT WRITE IN THIS AREA
3156559666

Please print neatly. Por favor, escriba legible

PART A Parent / Guardian: Complete Items 1 - 11 *(Padre/madre/tutor: complete la información en los espacios 1 al 11)*

1) Student ID# *(Numero de estudiante)* | **2) Student's Last Name** *(Apellido)* | **3) Student's First Name** *(Nombre del estudiante)* | **4) Date of Birth** *(Fecha de nacimiento)*

5) School *(Escuela)* | **6) Grade** *(Grado)*

Parent/Guardian Name & Contact Information ***(Nombre & Información del contacto)***

7) Name *(Nombre)* | **8)** Phone Number *(Teléfono)* ( ) - | **9)** Mailing Address, City, State, Zip *(Dirección posta, ciudad, estado, código postal)*

10) Emergency Contact (Contacto de emergencia y Teléfono) ( ) -

11) Note to parent/guardian: Signing this form shall release the Jefferson County Board of Education and its employees from liability of any nature that might result from this plan of action. This form shall not relieve the liability of the school or its employees for their own negligence. Also, I hereby give permission for the healthcare provider completing and signing this form to exchange information with JCPS staff regarding this health condition. I acknowledge and agree when I authorize my child to attend a school sponsored field trip these medications and/or health services may also be provided by a licensed volunteer.

Parents please note: A prescription authorization form must be on file at school for medications to be given at school

PARENT/GUARDIAN Signature X | **TELEPHONE NUMBER** ( ) - | **DATE**

PART B COMPLETED BY THE HEALTHCARE PROVIDER ONLY: Complete Items 12 – 15
(12 al 15 - Esta sección para ser completada por el médico solamente.)

12) Seizure Information

Seizure Type	Length	Frequency	Description

Seizure Triggers/Warning Signs:

Student's response after a seizure:

13) Basic First Aid: Care & Comfort

- Stay calm & track time
- Keep student safe (protect head, keep airway open/watch breathing, turn on side)
- Do not restrain or put anything in mouth
- Stay with student until fully conscious
- Document seizure findings

A seizure is generally considered an emergency when:

- Convulsive (tonic-clonic) seizure lasts longer than 5 minutes
- Student has repeated seizures without regaining consciousness
- Student is injured or has diabetes
- Student has a seizure for the first time

Emergency Protocol:

- Time seizure
- Ease student to floor if upright; If wheelchair, secure chair & protect head
- Remove hazards. put on side
- Use emergency meds/treatments if ordered based on plan
- Call designated 1st-aid/CPR staff and call 911 if over 5 mins or emergency meds used

14) Treatment Protocol During School Hours (include daily and emergency medications)

ER Med.	Medication	Dosage & Time of Day Given	Common Side Effects & Special Instructions

Does student have a VNS (Vagus Nerve Stimulator)? If yes, describe magnet use below:

☐ YES ☐ NO

15) Healthcare Provider Information Form **must** be signed by a Healthcare Provider **and** parent/guardian

Healthcare Provider Signature X | Date

Healthcare Provider Printed Name

Medical Office Stamp (required for processing)

This institution is an equal opportunity provider and employer.