



# Health and Wellness Services

1200 South Barr Street • Fort Wayne, IN 46802 • Phone: 260.467.1080 • Fax: 260.467.2862

## SEIZURE Parent and Physician Information 2022-23

### PARENT INFORMATION

Student \_\_\_\_\_ Grade \_\_\_\_\_ D.O.B. \_\_\_\_\_ Room \_\_\_\_\_  
 Parent/Legal Guardian Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Emergency Phone Contact #1: \_\_\_\_\_ Relationship: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Emergency Phone Contact #2: \_\_\_\_\_ Relationship: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Family Doctor: \_\_\_\_\_ Telephone: \_\_\_\_\_ Neurologist: \_\_\_\_\_ Telephone: \_\_\_\_\_

Hospital Preference:  Lutheran (W. Jefferson)  Lutheran (Dupont)  Parkview (North)  Parkview (Randallia)  Saint Joseph

#### Identify the things that may trigger a seizure in your child -Check all that apply

Exercise  Stress  Fatigue  Heat  Other \_\_\_\_\_

#### Seizure History

Age when seizures began \_\_\_\_\_ Date of last doctor's appointment for seizures \_\_\_\_\_ Date of last seizure \_\_\_\_\_

#### Type of Seizures

Absence  Simple partial  Complex partial  Generalized tonic-clonic  Pseudo Seizure \_\_\_\_\_  Other \_\_\_\_\_

Aura (Prior to Seizure) \_\_\_ Yes \_\_\_ No

Describe \_\_\_\_\_

#### Emergency Care

School staff will call 911 for the following circumstances: absences of breathing or pulse, seizure lasting longer than 5 minutes or a seizure that persists beyond 5 minutes after special medications or procedures have been started, two or more seizures without a period of consciousness >5 minutes between, continued pale or bluish skin lips, or noisy breathing after the seizure stops. Other \_\_\_\_\_

#### Daily Medications taken to control Seizures

Medication Name	Amount	When Used (Time)
1.		
2.		

#### Emergency Medications or Measures Note: these will need physician authorization for use at school

Medication Name	Amount	When Used (Time)	Has your child ever received this medication?
1.			<input type="checkbox"/> yes <input type="checkbox"/> no
2.			<input type="checkbox"/> yes <input type="checkbox"/> no

**Note: If school nurse is not available Diastat may be administered by trained unlicensed staff in the school setting. Diastat/ Versed cannot be administered on a school bus. Bus drivers will dispatch EMS for care. If the first dose of emergency medication is given at school, school staff will call 911 after it is given. Versed may ONLY be administered by a school nurse, and school staff must call 911 for immediate attention with seizure activity if nurse is unavailable.**

I agree that this information (plan) may be shared with the appropriate staff members, who work with the student, on a need to know basis. I hereby release Fort Wayne Community School District and any of its agents, employees, administrators, from any liability for any injury or harm which is suffered by my child as a result of our District's agreement to honor the above request. I agree to allow the school nurse to contact my physician about my child's treatment plan for school. I agree to keep the school nurse updated in writing about my child's health and contact the school nurse in writing if any changes are made in the plan.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date



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PHYSICIAN INFORMATION This section is only to be filled out by the health care provider and is only necessary for the special circumstances listed below.

Student \_\_\_\_\_ DOB \_\_\_\_\_
Seizure Care

Student may remain at school after a seizure if the seizure is < \_\_\_\_\_ and recovery time is < \_\_\_\_\_

Use Diastat®(diazepam rectal gel) \_\_\_\_\_ mg rectally PRN for:

- Seizure greater than \_\_\_\_\_ minutes AND/ OR
for \_\_\_\_\_ or more seizures in \_\_\_\_\_ hours.

Use Versed \_\_\_\_\_ mg nasally PRN for:

- Seizure greater than \_\_\_\_\_ minutes AND/ OR
for \_\_\_\_\_ or more seizures in \_\_\_\_\_ hours.

Note: If school nurse is not available Diastat MAY be administered by trained unlicensed staff in the school setting. Diastat/Versed cannot be administered on a school bus. Bus drivers will dispatch EMS for care. If the first dose of emergency medication is given at school, school staff will call 911 after it is given. Versed may ONLY be administered by a school nurse, and school staff must call 911 for immediate attention with seizure activity if nurse is unavailable.

Use Vagal Nerve Stimulator (VNS) Magnet

Position of VNS (Please Indicate)

- 1. Assist student to a safe position with head to the side (to keep airway open)
2. Locate the implanted generator in the \_\_\_\_\_ chest.
3. Swipe the magnet over the implant, moving from bottom to top, to the count of 1-2-3. (This can be done over clothing)
4. Swipe again if the seizure continues for more than one minute. Continue to swipe once each minute until seizure activity ceases.

Other \_\_\_\_\_

Activity Restrictions

- Helmet needed Recess Gym/Sports Swimming Field Trips Other \_\_\_\_\_

Details of restrictions \_\_\_\_\_

CALL 911 if

- Seizure does not stop by itself within \_\_\_\_\_ minutes.
Two or more seizures without a period of consciousness between, which last 5 minutes or greater.
Continued unusually pale or bluish skin/lips or noisy breathing after the seizure has stopped.
Seizure does not stop with VNS within \_\_\_\_\_ minutes.
Seizure does not stop within \_\_\_\_\_ minutes of giving Diastat or Versed
Child does not start waking up within \_\_\_\_\_ minutes after seizure is over (no Diastat given).
Child does not start waking up within \_\_\_\_\_ minutes after seizure is over (AFTER Diastat is given).
Immediately following intranasal versed administration.

Physician Signature \_\_\_\_\_

Date \_\_\_\_\_