

VCH Seizure Emergency Plan

Child's Name: _____ Grade: _____ Div./Homerroom: _____ Birthdate (d-m-y): _____
 School/Facility Name: _____ School Year (yyyy-yyyy): _____

THIS STUDENT HAS POTENTIALLY LIFE THREATENING SEIZURES

Seizure Information:
 Type(s) of Seizures: _____
 Frequency: _____
 Date of last seizure: _____

Medication Information*:
 This student is taking medication for seizures:
 Yes No
 Medication Name: _____
 Dose: _____ Length of time on medication: _____

Photo _____

*This plan is NOT suitable for students with seizure rescue medications. If rescue medications are needed, please contact the nursing support services.

**KEEP CALM. STAY WITH STUDENT.
(CROSS OUT ANY THAT DO NOT APPLY)**

- Do not restrain the student
 - Protect student from injury:
 - Move hazardous objects out of the way
 - Lower student to the floor (if possible)
 - Loosen anything tight from around the neck
 - Do not put anything in the student's mouth
 - Afterwards, gently roll the student on to their side
 - Call Emergency Contacts (listed below)
- CALL 9-1-1 if seizure lasts more than 5 minutes, if the student has several seizures in a row, or if confusion lasts for more than 20 minutes after the seizure.**

THE STUDENT'S SEIZURES USUALLY PRESENT LIKE:

Warning signs before a seizure:

What happens during a seizure:

EMERGENCY CONTACT INFO:

Name	Relationship	Cell Phone	Other Phone

The undersigned parent/guardian authorizes any adult to administer emergency medication following the instructions outlined above to the above named person in the event of a seizure, as described above. This protocol has been recommended by a physician/nurse practitioner. The plan will be kept in the student's personal record and will be shared with appropriate school personnel annually to assist in responding in an Emergency. It is the parent/guardian's responsibility to advise the school about any changes to this plan. All information will be protected and used in compliance with the Freedom of Information and Protection of Privacy Act (FIPPA) and the Health Information Act (HIA), where applicable.

Parent/Guardian Signature: _____ Date (d-m-yyyy): _____ Doctor/NP Signature: _____ Date (d-m-yyyy): _____

Seizure Emergency Plan is provided as a resource from Vancouver Coastal Health - April 2019. First Aid information adapted from www.bcepilepsy.com