



SYRACUSE CITY SCHOOL DISTRICT
EMERGENCY CARE PLAN
SEIZURE DISORDER



Student: _____ Grade: _____ School Contact: _____ DOB: _____
Mother Home #: _____ Mother Work #: _____ Mother Cell #: _____
Father: _____ FHome #: _____ FWork #: _____ FCell #: _____
Emergency Contact: _____ Relationship: _____ Phone: _____

SYMPTOMS OF A SEIZURE EPISODE MAY INCLUDE ANY/ALL OF THESE:

- Tonic-Clonic Seizure:
Entire body stiffens, jerking movements
May cry out, turn bluish, be tired afterwards
Absence Seizure:
Staring spell, may blink eyes

STAFF MEMBERS INSTRUCTED:

- Administration
Classroom Teacher(s)
Support Staff
Special Area Teacher(s)
Transportation Staff

TREATMENT:

Clear the area around the student to avoid injury.
DO NOT PUT ANYTHING IN THE STUDENT'S MOUTH.
Place student on side if possible, speak to student in reassuring tone.
Stay with student until help arrives.
Emergency Medical Services (911) should be called, student transported to hospital
Preferred Hospital if transported: _____
Emergency medication to be given by Nurse at onset of seizure
Student should be allowed to rest following seizure, call parent.

Transportation Plan: Medication available on bus Medication NOT available on bus Does not ride bus

Special instructions: _____

Healthcare Provider: _____ Phone: _____

Written by: _____ Date: _____

- Copy provided to Parent
Copy sent to Healthcare Provider

Parent/Guardian Signature to share this plan with Provider and School Staff: _____