



TWINSBURG CITY SCHOOL DISTRICT

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Belinda McKinney, Director of Human Resources
Denise Traphagen, Director of Pupil Services
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LETTER TO PARENTS SEIZURES

TO: Parents
FROM: School Health Clinic
DATE: _____
Subject: Seizures

You have told us that your child has seizures.

Please fill out the SEIZURE ACTION PLAN and return it. The Plan will be shared with the appropriate school personnel such as your child’s teacher(s). This Plan should be signed by the parent/guardian and physician.

Please use the numbers below to fax back any forms to the appropriate school.

SCHOOL BUILDING	GRADES	FAX NUMBER
Twinsburg High School	9-12	330-405-7406
R.B. Chamberlin Middle School	7-8	330-963-8313
George G. Dodge Intermediate School	4-6	330-963-8323
Samuel Bissell Elementary School	2-3	330-963-8333
Wilcox Primary School	PreK, K-1	330-963-8332

... where the schools and the communities are one. "



<input type="checkbox"/> Twinsburg High School	330.486.2400	<input type="checkbox"/> Samuel Bissell Elementary School	330.486.2100
<input type="checkbox"/> RB Chamberlin Middle School	330.486.2281	<input type="checkbox"/> Wilcox Primary School	330.486.2030
<input type="checkbox"/> George G. Dodge Intermediate School	330.486.2200		

SEIZURE ACTION PLAN

School _____ Start Date _____ End Date _____

**THIS STUDENT IS BEING TREATED FOR A SEIZURE DISORDER.
THE INFORMATION BELOW SHOULD ASSIST YOU IF A SEIZURE OCCURS DURING SCHOOL HOURS.**

Student _____ Birthdate _____ Grade _____

Mother/Guardian _____ Home _____

Cell _____ Work _____

Father/Guardian _____ Home _____

Cell _____ Work _____

Treating Physician _____ Phone _____

Significant Medical History _____

Allergies _____

Triggers or warning signs _____

SEIZURE EMERGENCY PROTOCOL

A "seizure emergency" for this student is defined as: Seizure lasting > _____ minutes or more Seizures in _____ hour(s)

OTHER _____

CHECK ALL THAT APPLY AND CLARIFY BELOW

Contact nurse/clinic staff at _____ Phone _____

Call 911 for transport to _____

Notify parent or emergency contact _____

Notify doctor _____

Administer emergency medications as indicated below

Other _____

TREATMENT PROTOCOL DURING SCHOOL HOURS: (INCLUDE DAILY AND EMERGENCY MEDICATIONS)

Daily Medication Dosage & Time of Day Given Common Side Effects & Special Instructions

Daily Medication	Dosage & Time of Day Given	Common Side Effects & Special Instructions

Emergency Medication/ Instructions:

Call 911 if:

Seizure does not stop within _____ minutes of giving Emergency medication

Child does not start waking up within _____ minutes after seizure stops (NO Emergency medication given)

Child does not start waking up within _____ minutes after seizure stops (after Emergency medication is given)

Seizure does not stop by itself or with VNS within _____ minutes

CONTINUED ON NEXT PAGE

Following a seizure:

- Child should rest in clinic.
- Child may return to class (specify time frame)
- Notify parent immediately.
- Send a copy of the seizure record home with child for parents.
- Notify physician.
- Other _____

Seizure Information - Student may experience some or all of the listed symptoms during a specific seizure.

<i>Seizure Type(s)</i>	<i>Description</i>	
Absence	<ul style="list-style-type: none"> • Staring • Eye blinking 	<ul style="list-style-type: none"> • Loss of awareness • Other
Simple partial	<ul style="list-style-type: none"> • Remains conscious • Distorted sense of smell, hearing, sight 	<ul style="list-style-type: none"> • Involuntary rhythmic jerking/twitching on one side • Other
Complex partial	<ul style="list-style-type: none"> • Confusion • Not fully responsive/unresponsive 	<ul style="list-style-type: none"> • May appear fearful • Purposeless, repetitive movements • Other
Generalized tonic-clonic	<ul style="list-style-type: none"> • Convulsions • Stiffening • Breathing may be shallow • Lips or skin may have blush color 	<ul style="list-style-type: none"> • Unconsciousness • Confusion, weariness, or belligerence when seizure ends • Other

Seizure usually lasts _____ minutes and returns to baseline in _____ minutes.

Triggers or warning signs _____

Call parents under the following circumstances

1. _____
2. _____

Basic Seizure First Aid	A Seizure is generally considered an EMERGENCY when:
<ul style="list-style-type: none"> ♦ Stay calm ♦ Keep child safe ♦ Do not restrain ♦ Do not put anything in mouth ♦ Stay with child until fully conscious ♦ Record seizure in log <p>For a tonic-clonic (grand mal) seizure: Protect head Keep airway open / watch breathing Turn child on side</p>	<ul style="list-style-type: none"> ♦ A convulsive (tonic-clonic) seizure lasting longer than 5 minutes ♦ Student has repeated seizures without regaining consciousness ♦ Student has a first-time seizure ♦ Student is injured or has diabetes ♦ Student has difficulty breathing ♦ Student has seizure in water

List Special Considerations and Safety Precautions (regarding school activities, sports, trips, etc.) above:

Parent/Guardian Signature

Date

Physician Signature

Date