



TWINSBURG CITY SCHOOL DISTRICT

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Andrea Walker, Director of Student Wellness
Chad C. Welker, Business Manager

**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.

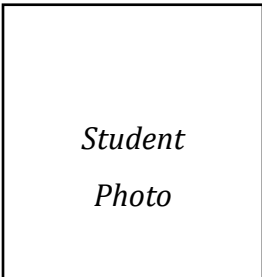
Please use the numbers below to fax back any forms to the appropriate school.

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. "



SEIZURE ACTION PLAN



Student
Photo

School _____

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/Rm. _____

EMERGENCY CONTACTS

Name	Relationship	Telephone number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Treating Physician _____ Tel _____

Significant Medical History _____

Allergies _____

Triggers or warning signs _____

SEIZURE EMERGENCY PROTOCOL

A "seizure emergency" for this student is defined as: Start Date _____ End Date _____

- Seizure lasting > _____ minutes
- _____ or more Seizures in _____ hour(s)
- Other _____

SEIZURE EMERGENCY PROTOCOL: (CHECK ALL THAT APPLY AND CLARIFY BELOW)

- CONTACT NURSE/CLINIC STAFF AT _____
- 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

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 (Vagal Nerve Stimulator) within _____ minutes

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>	
<input type="checkbox"/> Absence	<ul style="list-style-type: none"> •Staring •Eye blinking 	<ul style="list-style-type: none"> •Loss of awareness •Other _____
<input type="checkbox"/> 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 _____
<input type="checkbox"/> 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 _____
<input type="checkbox"/> Generalized tonic-clonic	<ul style="list-style-type: none"> •Convulsions •Stiffening •Breathing may be shallow 	<ul style="list-style-type: none"> •Lips or skin may have blush color •Unconsciousness •Confusion, weariness, or belligerence when seizure ends •Other _____
<input type="checkbox"/> Myoclonic	<ul style="list-style-type: none"> •Quick muscle jerks 	<ul style="list-style-type: none"> •Sudden unprotected limb or body jerks
<input type="checkbox"/> Atonic	<ul style="list-style-type: none"> •Sudden head drop 	<ul style="list-style-type: none"> •Sudden collapse of body to ground
<input type="checkbox"/> Non-Seizure Psychogenic Events	Description:	

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

Triggers or warning signs _____

Call parents under the following circumstances

- _____
- _____

Basic Seizure First Aid
<ul style="list-style-type: none"> • Stay calm & track time • Keep child safe • Do not restrain • Do not put anything in mouth • Stay with child until fully conscious • Record seizure in log
For tonic-clonic (grand mal) seizure:
<ul style="list-style-type: none"> • Protect head • Keep airway open/watch breathing • Turn child on side

A Seizure is generally considered an EMERGENCY when
<ul style="list-style-type: none"> • A convulsive (tonic-clonic) seizure lasts longer than 5 minutes • Student has repeated seizures without regaining consciousness • Student sustains a head injury during episode • Student has a first-time seizure • Student is injured or has diabetes • Student has blue/grey color change • Student has breathing difficulties • Student has a seizure in water

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

Signatures

Parent/Guardian Signature

Date

Physician Signature

Date



Reviewed by Dr. Carly Wilbur