

## EPILEPSY (Seizure Disorders) HEALTH CARE PLAN

### STUDENT INFORMATION

Date Created: \_\_\_\_\_

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_

School: \_\_\_\_\_

Grade: \_\_\_\_\_

Teacher: \_\_\_\_\_

Student Photo  
(Optional)

### EMERGENCY PROCEDURES

Has an emergency rescue medication been prescribed?  Yes  No

If yes, attach the rescue medication plan, healthcare providers' orders and authorization from the student's parent(s)/guardian(s) for a trained person to administer the medication.

Note: Rescue medication training for the prescribed rescue medication and route of administration (e.g. buccal or intranasal) must be done in collaboration with a regulated healthcare professional.

#### EMERGENCY PROCEDURES

Students with epilepsy will typically experience seizures as a result of their medical condition. Call 9-1-1 when:

- 1<sup>st</sup> Convulsive (tonic-clonic) seizure
- Emergency medication administered, as per their prescription, does not relieve seizure activity
- Student has repeated seizures without regaining consciousness
- Student has a first-time seizure
- Student has breathing difficulties
- Student has a seizure in water
- Notify parent(s)/guardian(s) or emergency contact
- \_\_\_\_\_



**KNOWN SEIZURE TRIGGERS**  
CHECK ALL THOSE THAT APPLY

- Stress                       Menstrual Cycle                       Inactivity                       Changes in Diet  
 Lack of Sleep                       Improper Medication Balance                       Illness  
 Electronic Stimulation (TV, Videos, Florescent Lights)                       Changes in Weather  
 Other: \_\_\_\_\_  
 Any other Medical Conditions and/or Allergy? \_\_\_\_\_

EMERGENCY CONTACTS (LIST IN PRIORITY)			
NAME	RELATIONSHIP	DAYTIME PHONE	ALTERNATE PHONE
1.			
2.			
3.			

**DAILY/ROUTINE SEIZURE MANAGEMENT**

**Note:** it is possible for a student to have more than one seizure type. Record information for each seizure type. (e.g., tonic-clonic, absence, simple partial, complex partial, atonic, myoclonic, and/or infantile spasms)

SEIZURE TYPE	PREVENTATIVE ACTIONS	ACTIONS TO TAKE DURING SEIZURE
Type: Description: Frequency of Seizure Activity: Typical Seizure Duration: Known Triggers:		
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Storage and location of spare medication and other supplies if applicable:

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Disposal of unused medication and medical supplies if applicable (supply and disposal of unused medication and/or medical supplies are facilitated by the family):

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**BASIC FIRST AID: CARE AND COMFORT**

First Aid procedures: \_\_\_\_\_

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Does student needs to leave classroom after a seizure?     Yes             No

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If yes, describe process for returning student to classroom:

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**BASIC SEIZURE FIRST AID**

- Stay calm and track time and duration of seizure
- Keep student safe
- Do not restrain or interfere with student's movements
- Do not put anything in student's mouth
- Stay with student until fully conscious

**FOR TONIC-CLONIC SEIZURE:**

- Protect student's head
- Keep airway open/watch breathing
- Turn student on side



## AUTHORIZATION/PLAN REVIEW

### INDIVIDUALS WITH WHOM THIS PLAN OF CARE IS TO BE SHARED

School Staff

Other Individuals to be Contacted Regarding Plan of Care:

Before-School Program       Yes       No      \_\_\_\_\_

After-School Program       Yes       No      \_\_\_\_\_

School Bus Driver       Route #: \_\_\_\_\_

Other: \_\_\_\_\_

**This plan remains in effect for the 20 \_\_ - 20 \_\_ school year without change and will be reviewed on or before: \_\_\_\_\_ unless otherwise notified by parents of need to revisit the Plan.** (It is the parent(s)/guardian(s) responsibility to notify the principal if there is a need to change the plan of care during the school year.)

I/We hereby request that the York Region District School Board, its employees or agents, as outlined, administer the above procedure to my/our child. The York Region District School Board employees are expected to support the student's daily or routine management, and respond to medical incidents and medical emergencies that occur during school, as outlined in board policies and procedures. Parent(s)/guardian(s) acknowledge that the employees of the York Region District School Board, who will administer the related procedures, are not medically trained. At all times it remains the responsibility of the parent(s)/guardian(s) to ensure that clear instructions and current physician's orders are provided to the principal.

Parent(s)/Guardian(s): \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

Principal: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

Authorization for the collection of this information is in accordance with the *Education Act*, the *Municipal Freedom of Information and Protection of Privacy Act*, and the *Personal Health Information Protection Act*, as amended and applicable. The purpose is to collect and share medical information and to administer proper medical care in the event of an emergency or life-threatening situation. Users of this information include but are not limited to principals, teachers, support staff, volunteers, and bus drivers. This form will be kept for a minimum period of one calendar year. Contact person concerning this collection is the school principal.



Distribution: Original: Secure location accessible by school staff  
Original: Scanned and uploaded to SSNET  
Original: Scanned and sent to Student Transportation Services  
Copy: Parent/Guardian  
Copy: File in the OSR

**RETAIN: Current school year + 1 year**

Relevant Forms:

Staff Administration of Medication Form  
Self-Administration of Medication Form  
Medical Incident Record Form (accessed via SSNET)