



## Lexington-Fayette County Health Department

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School Health  
650 Newtown Pike  
Lexington, KY 40508-1197  
(859) 288-2314  
(859) 288-2313 Fax

# EMERGENCY MEDICAL PLAN PARENT PACKET – SEIZURE DIASTAT & ORAL MEDICATIONS

Dear Parent/Guardian:

You have informed us that your student has a medical concern. Enclosed are the forms, which need to be completed by both the Parent/Guardian and student's Physician. These forms are necessary in order for the School Nurse or appropriately trained school personnel to perform or administer specific medical treatment or procedures. This information will help us work with your student to minimize unnecessary restrictions, feelings of being treated differently, and possibly absenteeism.

Please send a current picture of your student in order for the student to be easily identified. This information will be distributed to appropriate school personnel on a need-to-know basis and may include bus drivers, substitute teachers, cafeteria staff, and others who work with your student daily.

To help your student, please let us know of any changes in your student's medical condition or emergency daytime phone numbers.

**The following need to be returned to the School Nurse at your student's school:**

- **Seizure Healthcare Plan**
- **FCPS First Aid for Seizures**
- **Physician & Parent/Guardian Authorization for Diastat Medication Administration**

We are looking forward to a great year with your student!

Please call the School Health Services program at 288-2314 if you have any questions.

# SEIZURE HEALTHCARE PLAN

(This form will be made available to teachers and appropriate school staff.)

Student's Name: \_\_\_\_\_ DOB: \_\_/\_\_/\_\_\_\_\_

Allergies: \_\_\_\_\_

School: \_\_\_\_\_ Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

Bus Rider:  Yes  No Bus #: AM \_\_\_\_\_ PM \_\_\_\_\_ Non-Transported

Parent/Guardian(s) Name(s): \_\_\_\_\_

Address/Zip Code: \_\_\_\_\_

Call Parent/Guardian 1: – Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

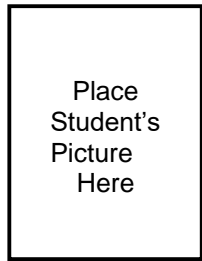
Call Parent/Guardian 2: – Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

### ALTERNATE PERSON IN CASE OF EMERGENCY:

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

PHYSICIAN'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

HOSPITAL OF CHOICE: \_\_\_\_\_



## SEIZURE HISTORY

WHAT TYPE(S) OF SEIZURE(S) DOES YOUR STUDENT HAVE? \_\_\_\_\_

- DESCRIBE EACH TYPE OF SEIZURE: \_\_\_\_\_
- HOW OFTEN DO THEY OCCUR? \_\_\_\_\_
- DATE OF LAST SEIZURE: \_\_\_\_\_
- HOW LONG DO THEY LAST? \_\_\_\_\_

ANY WARNING SIGNS OR BEHAVIOR CHANGES PRIOR TO SEIZURE(S)? \_\_\_\_\_

USUAL BEHAVIOR AFTER SEIZURE: \_\_\_\_\_

ANY SPECIAL ADAPTIVE OR SAFETY EQUIPMENT (I.E., HELMET) NEEDED? \_\_\_\_\_

### FOR SCHOOL NURSE ONLY:

STUDENT HAS DIASTAT ORDERED AND AVAILABLE AT SCHOOL?  YES  NO

LOCATION OF DIASTAT AT SCHOOL : \_\_\_\_\_

REVIEWED BY: \_\_\_\_\_ RN DATE: \_\_\_\_\_

# FCPS FIRST AID FOR SEIZURES

Parent/Guardian(s), below you will find the Fayette County Public School First Aid procedure for Seizures. Please read it carefully and make any individual changes that apply to your student in the space provided.

## SEIZURE - CONVULSIONS

1. The Rescue Squad may not need to be called for a person known to have seizure disorder unless the seizure is almost immediately followed by another major seizure, or if the seizure lasts longer than five minutes. Follow the physician's order. **If a major (grand mal) seizure occurs in a person not previously known to have a seizure disorder, the Rescue Squad (911) should be called.**
2. Do not try to restrain student. You can do nothing to stop a seizure once it has begun. It must run its course.
3. Clear the area and protect the head so that no injuries occur from hard or sharp objects. Try not to interfere with movement in any way.
4. Do not force anything between the teeth.
5. Turn student onto his/her side so the saliva will flow out of the mouth.
6. Remain calm. Other students will assume the same emotional reaction as the person administering help. The seizure is painless.
7. When the seizure is over, allow rest.
8. If **DIASTAT** ordered, administer per Physician Order and maintain student's privacy.
9. Parents should be informed of the seizure.
10. Turn the incident into a learning experience for the entire class.

## SEIZURE MEDICATION TAKEN AT HOME

STUDENT NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

Medication: \_\_\_\_\_ Medication: \_\_\_\_\_

Dosage / Time: \_\_\_\_\_ Dosage / Time: \_\_\_\_\_

Possible side effects: \_\_\_\_\_ Possible side effects: \_\_\_\_\_

\* Any medications to be given at school must be authorized by Parent/Guardian and Physician on official forms according to Fayette County Board of Education Policy. Forms may be obtained from school office staff. Medication should be administered at home if at all possible.

Other information or instructions: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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Reviewed by: \_\_\_\_\_, RN Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

