



## Lexington-Fayette County Health Department

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

### EMERGENCY MEDICAL PLAN PARENT PACKET – SEIZURE NAYZILAM (MIDAZOLAM)/ VALTOCO (DIAZAPAM)

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, we ask that you let us know of any changes in your student's medical condition or emergency daytime phone numbers. **Additionally, you agree to notify the school nurse if you administer Nayzilam (midazolam)/Valtoco (diazepam) at home.**

**This packet includes:**

- **Seizure Healthcare Plan**
- **FCPS First Aid for Seizures**
- **Physician & Parent/Guardian Authorization for Nayzilam (midazolam)/Valtoco(diazepam) Medication Administration**

**The above forms must be completed and turned in to the School Nurse at your student's school before the school nurse or trained personnel can administer any prescribed medication.**

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

Please call the School Health Services program at 859 288-2314 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: \_\_\_\_\_

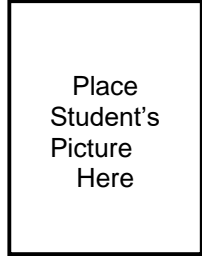
Call Parent/Guardian 2: – Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

### 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 NAYZILAM (MIDAZOLAM) or VALTOCO (DIAZAPAM) ORDERED AND AVAILABLE AT SCHOOL?  YES  NO

LOCATION OF MEDICATION 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. Per protocol, Rescue Squad (911) will be called if Nayzilam (midazolam)/Valtoco (diazepam) is used.
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. If Nayzilam (midazolam)/Valtoco (diazepam) ordered, administer per Physician Order and maintain student's privacy.
8. Notify the parent/guardian.
9. Turn the incident into a learning experience for the entire class.

Individual Changes: \_\_\_\_\_  
\_\_\_\_\_

## 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: \_\_\_\_/\_\_\_\_/\_\_\_\_