Individual Health Plan (IHP) - CONFIDENTIAL

Seizures

Student Information:

Name of Student: _____ Date of Birth: _____

School: _____ Grade: _____ Teacher: _____

Emergency Information:

Parent(s') Names: _____

Telephone: _____ Telephone: _____

Primary Care Physician: _____ Specialist: _____

Telephone: _____Telephone: _____

Fax Number: _____ Fax Number:_____

In the event a parent/guardian cannot be reached*:*

Name: _____ Relation: _____ Telephone: _____

Name: _____ Relation: _____ Telephone: _____

If a Seizure Occurs:

- **Stay Calm**
- **Turn person to side to ensure clear airway**
- **Note time seizure started**
- **Provide privacy**
- **Do not restrain or place anything in mouth**
- **Protect from injury**
- **Call Nurse/EMS/Parent**
- **Give Rescue Medication or Swipe VNS as ordered**
- **Observe breathing and administer CPR as necessary**

Medical Information- Must be completed by Physician's Office

- **Please describe student's seizures (include type of seizure, signs prior to, during and after):**_____
  _____
- **Current seizure management plan:**_____
  _____
- **Current Medications:** _____ _____
  _____ _____
- **Any chronic illnesses/disabilities/special considerations**:
  _____
  _____
  _____
- **Allergies**_____
- **Are there any interventions in addition to the ones listed in the "Seizure Emergency Protocol" that would assist student before, during, or after a seizure?**
  If so, please list: _____
  _____

***Physician's Signature*: _____ Date: _____**

I, the parent or guardian of the above student, request that this Individual Health Plan (IHP) be administered to my child. I understand that it is my responsibility to provide the school with the necessary supplies and equipment and will notify the school if there is any change to my child's health status. I agree to provide a new consent for any changes in doctor's orders and authorize the school nurse to communicate with the physician when necessary. I understand that this information will be shared with the appropriate members of the educational team.

Parent's/Guardian's Signature: _____ Date: _____

Reviewed by: _____