



# MONTGOMERY TOWNSHIP SCHOOLS

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Dear Parent/Guardian,

Please review the options below when meeting with your child's doctor regarding their Seizure Emergency Plan. These options are meant to be a guideline to collaborate between student, family, physician and the Montgomery school district. The below information is meant to help you and the neurologists keep in mind the least restrictive medication necessary for your child during school and school sponsored activities while ensuring your child's safety. It is based on the following American Academy of Pediatric article:

Hartman, A. L., & Devore, C. D. (2016). Rescue Medicine for Epilepsy in Education Settings. *American Academy of Pediatrics*, 137(1). doi:10.1542/peds.2015-3876

## PHYSICIAN PLEASE CIRCLE ONE(1) OF THE OPTIONS

### A. Rescue seizure medicines kept at school to be given at all times:

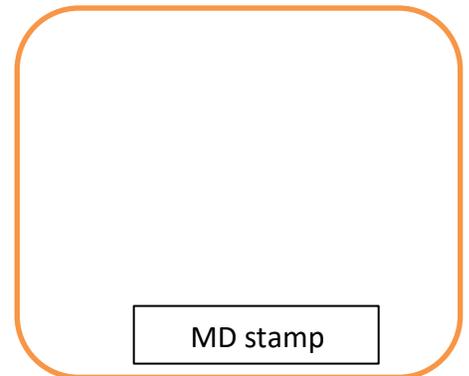
- It is medically necessary for a nurse to accompany student for **ALL** bus trips, field trips, sporting events, after school activities. (*According to district needs, this may require student to go on separate bus than his/her siblings/neighbors.*)
- Seizure first aid provided at all times
- R.S.M to be given according to S.A.P if a nurse is present.
- Call 911 (refer to student seizure action plan)

### B. Rescue seizure medicines are kept at school to be given if a nurse is available:

- A nurse will NOT have to accompany the student on a bus, field trip or after-school activities
- Seizure first aid provided at all times
- R.S.M to be given according to S.A.P if a nurse is present.
- Call 911 (refer to student seizure action plan)

### C. No rescue seizure medicines to be kept at school:

- Seizure first aid provided at all times
- No rescue seizure medicines (R.S.M) kept at school
- Call 911 (refer to student seizure action plan)



\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Parent/Guardian's Signature

Date\_\_\_\_\_

Date\_\_\_\_\_

# Seizure Action Plan

Effective Date \_\_\_\_\_

**This student is being treated for a seizure disorder. The information below should assist you if a seizure occurs during school hours.**

Student's Name	Date of Birth	
Parent/Guardian	Phone	Cell
Other Emergency Contact	Phone	Cell
Treating Physician	Phone	
Significant Medical History		

## Seizure Information

Seizure Type	Length	Frequency	Description

Seizure triggers or warning signs: \_\_\_\_\_

Student's response after a seizure: \_\_\_\_\_

## Basic First Aid: Care & Comfort

Please describe basic first aid procedures:

Does student need to leave the classroom after a seizure?  Yes  No

If YES, describe process for returning student to classroom: \_\_\_\_\_

## Basic Seizure First Aid

- 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 seizure:**
- Protect head
  - Keep airway open/watch breathing
  - Turn child on side

## Emergency Response

A "seizure emergency" for this student is defined as:

### Seizure Emergency Protocol

(Check all that apply and clarify below)

- Contact school nurse at \_\_\_\_\_
- Call 911 for transport to \_\_\_\_\_
- Notify parent or emergency contact
- Administer emergency medications as indicated below
- Notify doctor
- Other \_\_\_\_\_

### A seizure is generally considered an emergency when:

- Convulsive (tonic-clonic) seizure lasts longer than 5 minutes
- Student has repeated seizures without regaining consciousness
- Student is injured or has diabetes
- Student has a first-time seizure
- Student has breathing difficulties
- Student has a seizure in water

## Treatment Protocol During School Hours (include daily and emergency medications)

Emerg. Med. ✓	Medication	Dosage & Time of Day Given	Common Side Effects & Special Instructions

Does student have a **Vagus Nerve Stimulator**?  Yes  No If YES, describe magnet use: \_\_\_\_\_

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

Describe any special considerations or precautions:

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

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