

NAZARETH AREA SCHOOL NURSES

(The fax goes directly to the nurses office)

HS fax 610-849-0863

MS fax 610-759-3262

Intermediate fax 484-292-1113

Bushkill ES fax 610-849-0866

Lower Nazareth ES fax 610-849-0865

Shafer ES fax 610-849-0862

Seizure Action Plan Revised

January 16

If your child needs to take medicine in school, prescription or *over-the-counter, the procedure is as follows: The Nazareth Area School District requires a physician's/psychiatrist's/dentist's written order and a parent's/legal guardian's/emancipated student's authorization for the school nurse, or in her/his absence the designee, to administer medications to students in the regular school setting and only in circumstances when the child's health may be jeopardized without it. Written authorization, signed by the physician, psychiatrist, or dentist (original or by fax) and the parent, legal guardian, or emancipated student must be provided for each separate prescription or medication being administered to each student. If dosage is changed, new written authorization is required. Authorization will terminate with the expiration date of the prescription or at the end of the school year, whichever occurs first. If the medication is discontinued, the parent or legal guardian must notify the school nurse in writing. Medication must be delivered to the school nurse by the parent, legal guardian, authorized adult designee or emancipated student in the original medication container. Students are not to have medication in their possession at any time per school district drug and alcohol policy except physician authorized self-administered emergency medications. It will be the responsibility of the parent, legal guardian, or emancipated student to make arrangements for administration of medication during activities away from school. Medication sent to school in violation of this policy will not be administered to a student. **Medication must be in original medication container.**

Medication Authorization (Physician/Psychiatrist/Dentist and Parent/Guardian)

***See reverse side for seizure type and emergency response orders as per physician**

Student's name

Grade

Date of birth

Physician's name printed

Address

Phone

Fax

Signature of Physician/Psychiatrist/Dentist

Date

Authorization by parent/legal guardian/emancipated student

Name of Student _____ is requested to receive the above medication during school hours in order to maintain sufficient health and participation in the school program. We (I) do hereby grant permission for school staff to communicate directly with the physician/psychiatrist/dentist named above. We (I) do hereby release, discharge, and hold harmless NASD, its agents, and employees from any and all liability and claims whatsoever in connection with administration of the above medication to my child. We (I) have read and agree to follow the procedures set forth by the policy and procedure.

Signature of Parent/Legal Guardian

Date

Daytime Phone

A Seizure is generally considered an Emergency when:

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

➤ **Medication:** _____

Dose: _____ **Route:** _____ **Frequency:** _____

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Dose: _____ **Route:** _____ **Frequency:** _____



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Student name: _____

Grade: _____

Type of seizure:

- ☐ **Absence** (lip smacking, behavior outburst, staring, twitching of mouth or hands)
- ☐ **Simple Partial Seizures** (remains conscious, distorted sense of smell, hearing and sight, involuntary rhythmic jerking/twitching on one side)
- ☐ **Complex Partial Seizures** (Confused, not fully responsive/unresponsive, May appear fearful, Purposeless, repetitive movements)
- ☐ **Generalized tonic-clonic seizures** (convulsions, stiffening, breathing may be shallow, lips or skin may have bluish color, unconsciousness, confusion, weariness or belligerence when seizure ends)

☐ **Date of last seizure:** _____

☐ **Seizure length and frequency:** _____

☐ **Seizure triggers or warning signs:** _____

☐ **Student's reaction to seizure:** _____

☐ **Seizure requires rectal Diastat PRN** (student must have a nurse or parent/adult designated by the parent on all field trips)

Emergency response:

Does student need to leave the classroom after a seizure? YES NO

If YES, describe process for returning student to classroom: _____

Student response after a seizure: _____

Seizure Emergency Protocol: (Check all that apply and clarify below)

- ☐ Contact school nurse
- ☐ Call 911
- ☐ Notify parent or emergency contact
- ☐ Notify doctor
- ☐ Administer emergency medications as indicated below
- ☐ Other _____

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

Does student have a Vagus Nerve Stimulator (VNS)? YES NO

If YES, Describe magnet use: _____

SPECIAL CONSIDERATIONS & SAFETY PRECAUTIONS: (regarding school activities, sports, trips, etc.)

