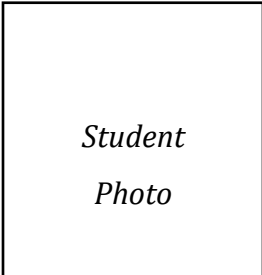


SEIZURE ACTION PLAN



Student
Photo

School _____

THIS STUDENT IS BEING TREATED FOR A SEIZURE DISORDER. THE INFORMATION BELOW SHOULD ASSIST YOU IF A SEIZURE OCCURS DURING SCHOOL HOURS.

Student _____ Birthdate _____ Grade/Rm. _____

EMERGENCY CONTACTS

Name	Relationship	Telephone number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Treating Physician _____ Tel _____

Significant Medical History _____

Allergies _____

Triggers or warning signs _____

SEIZURE EMERGENCY PROTOCOL

A "seizure emergency" for this student is defined as: Start Date _____ End Date _____

- Seizure lasting > _____ minutes
- _____ or more Seizures in _____ hour(s)
- Other _____

SEIZURE EMERGENCY PROTOCOL: (CHECK ALL THAT APPLY AND CLARIFY BELOW)

- CONTACT NURSE/CLINIC STAFF AT _____
- Call 911 for transport to _____
- Notify parent or emergency contact
- Notify doctor
- Administer emergency medications as indicated below
- Other _____

TREATMENT PROTOCOL DURING SCHOOL HOURS: (include daily and emergency medications)

Daily Medication	Dosage & Time of Day Given	Common Side Effects & Special Instructions

Emergency Medication/ Instructions: _____

Call 911 if

- Seizure does not stop within _____ minutes of giving Emergency medication
- Child does not start waking up within _____ minutes after seizure stops (NO Emergency medication given)
- Child does not start waking up within _____ minutes after seizure stops (AFTER Emergency medication is given)
- Seizure does not stop by itself or with VNS (Vagal Nerve Stimulator) within _____ minutes

Following a seizure

- Child should rest in clinic.
- Child may return to class (specify time frame _____)
- Notify parent immediately.
- Send a copy of the seizure record home with child for parents.
- Notify physician.
- Other _____

Seizure Information - Student may experience some or all of the listed symptoms during a specific seizure.

<i>Seizure Type(s)</i>	<i>Description</i>	
<input type="checkbox"/> Absence	<ul style="list-style-type: none"> • Staring • Eye blinking 	<ul style="list-style-type: none"> • Loss of awareness • Other _____
<input type="checkbox"/> Simple partial	<ul style="list-style-type: none"> • Remains conscious • Distorted sense of smell, hearing, sight 	<ul style="list-style-type: none"> • Involuntary rhythmic jerking/twitching on one side • Other _____
<input type="checkbox"/> Complex partial	<ul style="list-style-type: none"> • Confusion • Not fully responsive/unresponsive 	<ul style="list-style-type: none"> • May appear fearful • Purposeless, repetitive movements • Other _____
<input type="checkbox"/> Generalized tonic-clonic	<ul style="list-style-type: none"> • Convulsions • Stiffening • Breathing may be shallow 	<ul style="list-style-type: none"> • Lips or skin may have bluish color • Unconsciousness • Confusion, weariness, or belligerence when seizure ends • Other _____
<input type="checkbox"/> Myoclonic	<ul style="list-style-type: none"> • Quick muscle jerks 	<ul style="list-style-type: none"> • Sudden unprotected limb or body jerks
<input type="checkbox"/> Atonic	<ul style="list-style-type: none"> • Sudden head drop 	<ul style="list-style-type: none"> • Sudden collapse of body to ground
<input type="checkbox"/> Non-Seizure Psychogenic Events	Description:	

Seizure usually lasts _____ minutes and returns to baseline in _____ minutes.

Triggers or warning signs _____

Call parents under the following circumstances

- _____
- _____

Basic Seizure First Aid
<ul style="list-style-type: none"> • 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 (grand mal) seizure:
<ul style="list-style-type: none"> • Protect head • Keep airway open/watch breathing • Turn child on side

A Seizure is generally considered an EMERGENCY when
<ul style="list-style-type: none"> • A convulsive (tonic-clonic) seizure lasts longer than 5 minutes • Student has repeated seizures without regaining consciousness • Student sustains a head injury during episode • Student has a first-time seizure • Student is injured or has diabetes • Student has blue/grey color change • Student has breathing difficulties • Student has a seizure in water

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

Signatures

Parent/Guardian Signature

Date

Physician Signature

Date



Reviewed by Dr. Carly Wilbur

I received a copy of the 504 Procedural Safeguards for the current school year.

Parent/Guardian Signature

SECTION 504 PARENT/CHILD RIGHTS AND PROCEDURAL SAFEGUARDS

1. Your child has a right to take part in and receive benefits from public education programs without discrimination based on a disability.
2. You have the right to receive written notice prior to any action by the district in regard to the identification, evaluation, or placement of your child.
3. Your child has a right to an evaluation prior to the development of an initial § 504 plan and any subsequent significant change in placement. Your child is eligible for a free appropriate public education under § 504 of The Rehabilitation Act of 1973 if the § 504 Team determines that your child has a physical or mental impairment that substantially limits one or more major life activities, including the provision of regular or special education and related aids and services that are designed to meet the individual educational needs of the student as adequately as the needs of students without disabilities are met and that are based upon adherence to Section 504's procedural requirements. Major life activities include, but are not limited to, caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, eating, sleeping, standing, lifting, bending, reading, concentrating, thinking, communicating, working, and learning, or the operation of a major bodily function, including but not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, or endocrine functions.
4. The district shall consider information from a variety of sources, including (as appropriate) but not limited to aptitude and achievement tests, teacher recommendations, physical condition, social and cultural background, adaptive behavior, medical reports, student grades, progress reports, parent observations, anecdotal reports, and test scores when making eligibility, educational, and placement decisions under § 504.
5. Eligibility decisions must be made by a group of persons knowledgeable about your child, the meaning of the evaluation data, and the placement options.
6. If eligible as disabled under § 504, your child has a right to periodic reevaluations, generally every three years, before your child's placement is terminated or significantly changed, and if otherwise determined to be necessary.
7. Your child has the right to a free appropriate public education ("FAPE"), meaning the provision of education and related services without cost to the person with a disability or his or her parents or guardians except for those fees that are imposed equally on non-disabled students or their parents.
8. Your child has a right to access facilities, services, and activities that are comparable to those provided for non-disabled students.
9. You have the right to examine educational records of your child and obtain copies at a reasonable cost.
10. With respect to actions regarding the identification, evaluation, or educational placement of your child under Section 504, you have the right to notice, an opportunity to examine relevant records, an impartial hearing with opportunity for participation by you and representation by counsel, and a review procedure.
11. If you wish to challenge the actions of the district's § 504 Team in regard to your child's identification, evaluation, or educational placement, you should file a written grievance with the district's § 504 Compliance Officer, Tebra Page, at Solon City School District, 33800 Inwood Road, Solon, Ohio 44139, within 10 calendar days from the time you received written notice of the § 504 Team's action(s). A hearing will be scheduled before an impartial hearing officer selected and appointed by the district and you will be notified in writing of the date, time, and place for the hearing.
12. If you disagree with the decision of the impartial hearing officer appointed by the district, you have a right to a review of that decision by a court of competent jurisdiction.
13. You have a right to file a complaint with the United States Department of Education Office for Civil Rights (OCR) at any time. OCR may be contacted at 600 Superior Avenue, East, Suite 750, Cleveland, Ohio 44114-2611.

Cari Root
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School District

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