

# 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. \_\_\_\_\_

Mother/Guardian \_\_\_\_\_ Home Tel \_\_\_\_\_

Cell \_\_\_\_\_ Work Tel \_\_\_\_\_

Father/Guardian \_\_\_\_\_ Home Tel \_\_\_\_\_

Cell \_\_\_\_\_ Work Tel \_\_\_\_\_

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 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"> <li>•Staring</li> <li>•Eye blinking</li> </ul>  | <ul style="list-style-type: none"> <li>•Loss of awareness</li> <li>•Other _____</li> </ul>   |
| <input type="checkbox"/> Simple partial           | <ul style="list-style-type: none"> <li>•Remains conscious</li> <li>•Distorted sense of smell, hearing, sight</li> </ul>  | <ul style="list-style-type: none"> <li>•Involuntary rhythmic jerking/twitching on one side</li> <li>•Other _____</li> </ul>                                |
| <input type="checkbox"/> Complex partial          | <ul style="list-style-type: none"> <li>•Confusion</li> <li>•Not fully responsive/unresponsive</li> </ul>   | <ul style="list-style-type: none"> <li>•May appear fearful</li> <li>•Purposeless, repetitive movements</li> <li>•Other _____</li> </ul>                    |
| <input type="checkbox"/> Generalized tonic-clonic | <ul style="list-style-type: none"> <li>•Convulsions</li> <li>•Stiffening</li> <li>•Breathing may be shallow</li> <li>•Lips or skin may have blush color</li> </ul> | <ul style="list-style-type: none"> <li>•Unconsciousness</li> <li>•Confusion, weariness, or belligerence when seizure ends</li> <li>•Other _____</li> </ul> |

Seizure usually lasts \_\_\_\_\_ minutes and returns to baseline in \_\_\_\_\_ minutes.

Triggers or warning signs \_\_\_\_\_

**Call parents under the following circumstances**

1. \_\_\_\_\_
2. \_\_\_\_\_

| <b>Basic Seizure First Aid</b>   |
|--|
| <ul style="list-style-type: none"> <li>• Stay calm &amp; track time</li> <li>• Keep child safe</li> <li>• Do not restrain</li> <li>• Do not put anything in mouth</li> <li>• Stay with child until fully conscious</li> <li>• Record seizure in log</li> </ul> |
| <b>For tonic-clonic (grand mal) seizure:</b>   |
| <ul style="list-style-type: none"> <li>• Protect head</li> <li>• Keep airway open/watch breathing</li> <li>• Turn child on side</li> </ul>   |

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

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

**Signatures**

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

**Parent Signature**



Solon City Schools  
Administrative Offices  
33800 Inwood Road  
Solon, OH 44139  
(440) 248-1600  
fax: (440) 248-7665

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Dear Parent/Guardian:

The American with Disabilities Act (ADA) is an anti-discrimination law that protects individuals with disabilities from disability-based discrimination. Originally passed in 1990, the ADA was amended in 2009. The amendments broadened the scope of the ADA's coverage in many ways. In short, under the amendments, more students in schools meet the ADA definition of an "individual with a disability" and are entitled to the protection by the ADA.

Section 504 of the Rehabilitation Act of 1973 (Section 504) is also an anti-discrimination law. Section 504 prohibits entities that accept federal funding such as public school districts, from discriminating against individuals with disabilities. The amendments broadening the scope of the ADA's coverage are also applicable to Section 504.

*Because you are making the District aware that your child has a medical condition by completing a health action plan this letter is to inform you that he/she may be eligible for a Section 504 plan under the expanded definitions in Section 504.*

In order to determine whether your child is eligible under Section 504, an evaluation must be conducted by a team of individuals from the District. Whether or not your child is evaluated is your choice and no evaluation will be completed without your written consent. Page 2 of this letter outlines the *Section 504 Parent/Child Rights and Procedural Safeguards*.

If you have questions about this information or would like to discuss an evaluation, please **contact the Guidance Counselor at your child's school.**

## 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.

Tebra Page

Name

33800 Inwood Road

Address

Solon, Ohio 44139

City, State, and Zip

Solon City

School District

Director of Pupil Services

Title

(440) 349-7293

Telephone

tebrapage@solonboe.org

E-mail