



Jamesville-DeWitt Central School District

Seizure Disorder Form

Student Name: _____ DOB: _____

School: _____ Grade: _____

Parent 1: _____ Home #: _____

Work #: _____ Cell #: _____

Parent 2: _____ Home #: _____

Work #: _____ Cell #: _____

Emergency Contact: _____

Relationship: _____ Phone: _____

Symptoms of a seizure episode may include any/all of the following:

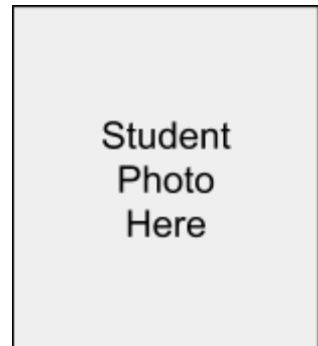
Tonic-Clonic Seizure

Entire body stiffens; jerking movements

May cry out; turn bluish; be tired after

Absence Seizure

Staring spell; may blink eyes



Staff members instructed: Classroom teachers Special area teachers

Administration Support staff

Transportation Staff

More on next page...

School nurse contact information is available at www.jamesvilledewitt.org.

Seizure Disorder Form Continued

TREATMENT

- Clear the area around the student to avoid injury.
- DO NOT PUT ANYTHING IN THE STUDENT'S MOUTH.
- Place the student on their side, if possible, and speak in a reassuring tone.
- Stay with the student until help arrives.

___ Emergency medical services (911) should be called; student transported to hospital
Preferred hospital if transported: _____

___ Emergency medication to be given by school nurse at onset of seizure

___ Student should be allowed to rest following seizure; call parent

TRANSPORTATION PLAN

___ Medication available on bus ___ Medication NOT available on bus ___ Does not ride bus

Special Instructions: _____

Healthcare Provider: _____ Phone: _____

Written by: _____ Date: _____

___ Copy Provided to Parent ___ Copy Sent to Healthcare Provider

Parent/Guardian signature to share this plan with provider and school staff: _____

This plan is in effect for the _____ school year and summer school as needed.

School nurse contact information is available at www.jamesvilledewitt.org.

Jamesville-DeWitt Central School District * P.O. Box 606 * DeWitt, NY 13214