SOUTHERN WILL COUNTY COOPERATIVE for SPECIAL EDUCATION

ADMINISTRATIVE DISTRICT: TROY 30C

DR. TIFFANY FREY
Executive Director

ADMINISTRATIVE OFFICE:
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GRACE DOYLE
Assistant Director

Emergency Health Plan: Seizure on Bus

Student's Name:_____Grade:_____

Emergency Contacts		
Name	Relation	Phone Number
1.		
2.		
3.		

In the event of a seizure, REMAIN CALM. Note START TIME of seizure and END TIME.
Stay with student until EMS arrives.

1. Lay student on side to prevent choking. If in wheelchair, keep upright and do not lay on back.
2. Make sure nothing is in the student's mouth to protect his or her airway!
3. Do not restrict movement or put anything in mouth.
4. Cushion head to prevent injury.
5. Loosen tight clothing from around neck.
6. Reassure student.
7. Call 9-1-1 EMS for any tonic/clonic activity or seizure greater than 5 minutes and notify parent.
8. If any medical information is available, please send with EMS.
9. Record seizure START TIME _____ and END TIME _____.

Following a seizure, people may become groggy, sleepy, confused or upset. Please document all appropriate information in the health file.

Jennifer Brooks, RN
SOWIC/WHS School Nurse

Parent signature:_____ Date:_____

Parent signature above indicates that there are no changes in the plan and that the information may be shared with need-to-know staff.