



Dear Parents and Guardians:

Welcome to the 2023-2024 school year at Thomas MacLaren School! Every year it is helpful for us to have an update to our records if your student has asthma, allergies, celiac disease, diabetes, migraines, seizures or any other health care issue. This allows us to better care for your student throughout the school year and helps decrease the number of interruptions to their learning due to illness or complications from their health concerns.

All of the forms included in these health care plans (HCPs) must be filled out completely by either you or a health care provider with prescriptive authority. Please note that **both** the parent/guardian and the health care provider need to sign the documents. Unfortunately, we are not able to administer your student's emergency medication without a signed HCP and a completed *Authorization for the Administration of Medication by School Personnel*

If your student will need to carry a rescue inhaler, Epi-Pen®, or diabetes supplies with them this year, then please fill out the *Contract to Carry* form and return to the front desk prior to sending your student to school with their medication.

For your reference, all of the links for these forms and packets can be found on the school website: www.maclarenschool.org under the **Parent** tab in the **Health Information** section.

Thank you for letting us partner with you to make sure that your student has a healthy and safe school year. If you have any questions or concerns, please don't hesitate to contact me.

Kind Regards,

Terra Fisk, RN, BSN | School Nurse

Thomas MacLaren School

1702 N. Murray Blvd.

Colorado Springs, CO 80915

nurse@maclarenschool.org

719.313.4488 | Secure Fax: 866.587.2608

Seizure Emergency Care Plan and Medication Orders for School and Childcare Settings

PARENT/GUARDIAN complete and sign the top portion of form.

Child Name:	Birth date:
Parent/Guardian Contact:	Phone:
Emergency Contact:	Phone:
School:	Grade:

Place
child's
photo
here

Triggers: ☐ tiredness ☐ flashing lights ☐ illness ☐ hunger ☐ temperature ☐ Other: _____

Describe: _____

Antiseizure Medication Taken at Home

Common side effects

Other Seizure Treatments/Special Diet Therapy:

I give permission for school personnel to share this information, follow this plan, administer medication and care for my child and, if necessary, contact our health care provider. I assume full responsibility for providing the school with prescribed medication and devices. I approve this Seizure Emergency Care Plan for my child. I understand that this health plan and any Nurse delegation related to this plan are for use during normal operational school hours. After hours, staff/coaches will call parent(s) and/or 911 for all medical concerns/emergencies.

PARENT SIGNATURE

DATE

SCHOOL NURSE SIGNATURE

DATE

☐ 504 plan
☐ IEP

HEALTH CARE PROVIDER to complete all items, SIGN and DATE completed

IF YOU SEE THIS:

☐ **Convulsive Generalized Tonic Clonic:**
You will see loss of consciousness. Stiffening of the body. Rhythmic jerking movements. Convulsive seizures may last 1-5 minutes. The child may have a warning (aura) before the seizure. Sleepiness and confusion may occur after the seizure.

☐ **Focal:**
These seizures may begin with an aura. They may be partly alert or unconscious. You may see lip smacking, chewing, eye blinking, or picking at clothes. These seizures usually last 1-2 minutes.

☐ **Absence:** You will see quick changes in alertness. May see eye flutter or small twitching. Usually last less than 10 seconds.

DO THIS:

1. Time the seizure
2. Keep calm. Provide reassurance.
3. Protect head, keep airway clear, turn on side if possible.
4. Do not place anything in mouth.
5. Call 911 if student is injured or has difficulty breathing.
6. Call parent.
7. Stay with student until recovered from seizure.
8. **Administer rescue treatments as marked below.**

1. Time the seizure
2. Gently guide child away from danger.
3. Stay with student and reassure them until recovered from seizure.
4. Do not treat staring that is stopped by a touch or a nudge.
5. Call parent.
6. **Administer rescue treatments as marked below.**

Rescue Treatments

☐ Child has a VNS. Child/staff may swipe with aura. Staff may swipe at onset of seizure and every 60 seconds until seizure stops. Give rescue medications below if seizure does not stop within _____ minutes.

If seizure lasts longer than _____ minutes administer:

☐ Diastat _____ mg rectally

☐ Midazolam _____ mg in the nose

☐ Clonazepam _____ mg in the cheek

☐ Multistep seizure rescue plan – Please see attached letter for details.

If cluster of _____ or more seizures in _____ min administer:

☐ Diastat _____ mg rectally

☐ Midazolam _____ mg in the nose

☐ Clonazepam _____ mg in the cheek

☐ Multistep seizure rescue plan – Please see attached letter for details.

If emergency medication is administered: ☐ Call 911 immediately or ☐ Call 911 if seizure does not stop within 5 minutes

Other:

If no emergency medication is at school and the child is experiencing seizures:

Call family to bring medications to school or pick up child. Call EMS if seizure lasts more than _____ min

Accommodations: Always take seizure action plan and emergency medication for school activities, sports and field trips. Close adult supervision when swimming or climbing.

HEALTH CARE PROVIDER SIGNATURE PRINT PROVIDER'S NAME

PHONE/FAX

DATE