Community High School District #128

Libertyville High School
847-327-7016
Fax: 847-327-7254

Vernon Hills High School
847-932-2040
Fax: 847-932-2188

Seizure Management Plan

TO BE COMPLETED BY PARENT(S) – please use black ink

Date: _____

_____ _____ _____
Student Grade Teacher

_____ _____
Mother's Name & Day Time Phone Father's Name & Day Time Phone

_____ _____
Physician treating condition Address

_____
Physician Phone

TYPE(S) OF SEIZURE: _____

DESCRIPTION OF TYPICAL SEIZURE

Body involvement: _____

Average Duration: _____

Frequency (daily, weekly, other): _____

Usual times of day: _____

Behavior/warning prior to seizure: _____

Student response to seizure: _____

Care needed during seizure: _____

_____

Care needed after seizure:

☐ Rest for approximately _____ minutes in nurse's office

☐ Other: _____

Daily Medication

MEDICATION	DOSE/ROUTE	TIME	POSSIBLE SIDE EFFECTS

 Student Name: _____

Physical Education/Team Sports:

☐ Full participation, no limitations

☐ Participation with the following modifications: _____

_____

Emergency Intervention:

☐ If seizure lasts longer than _____ minutes, then _____

☐ If _____ or more seizures occur in a row, then _____

☐ If seizure occurs on the bus, then _____

☐ Other: _____

Instructions:

☐ Seizure Observation record (see attached sample) to be completed by staff during school and shared with parents on a _____ interval.
(weekly, monthly)

Best method of exchange of information: _____

☐ If school is unable to reach parents in an emergency, permission is granted to contact physician listed above.

☐ I/We agree to release this information to the following staff, with the expectation that confidentiality will be respected at all times:

☐ Nurse
☐ Academic teacher(s)
☐ Related Arts teacher(s)
☐ P.E. teachers
☐ Substitute teacher(s)
☐ After school caregivers/coaches
☐ Bus personnel
☐ Other: _____

Additional comments: _____

_____

_____

_____

_____ _____
Parent(s) Signature Date

Return this form to:

Vernon Hills High School
Attn: Veronica Alshouse, RN, BSN, ICSN
145 Lakeview Parkway
Vernon Hills, IL 60061