

SURRY COUNTY SCHOOLS  
SCHOOL HEALTH PROGRAM

School Seizure Record  
School Year \_\_\_\_\_

Name of Student \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_ Hospital \_\_\_\_\_

1. What type of seizures does your child have and how often do they occur?

\_\_\_\_\_  
\_\_\_\_\_

2. Describe your child's symptoms during and after the seizure episode \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

3. Does your child have an aura or warning of seizure coming? Is he/she able to notify anyone that a seizure is coming? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

4. Name medications taken routinely. How often and how much?

At home? \_\_\_\_\_

At school? \_\_\_\_\_

5. Does your child suffer any side effects to these medications? If so, please list:

\_\_\_\_\_  
\_\_\_\_\_

6. Are there any sports/activities in which your child cannot fully participate?

\_\_\_\_\_  
\_\_\_\_\_

7. What steps do you want school personnel to take if a seizure should happen? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**SURRY COUNTY SCHOOLS  
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**Emergency Medical Plan  
Seizures**

**Absence (Petit Mal)**

**Symptoms:** brief loss of consciousness, minimal or no alteration in muscle tone, usually able to maintain postural control, frequently has minor movements or twitchings, often mistaken for inattention.

**Tonic-Clonic (Grand Mal)**

**Symptoms:** loss of consciousness, child falls to floor or ground, breathing may stop for a moment, arms and legs may become rigid and move in rhythm with face, may be incontinent or urine and feces, may last several minutes, may want to sleep afterwards.

**Interventions:**

1. Stay with child during and after seizure. Note duration of seizure and type of body movement during seizure episode.
2. Assist to horizontal position if loss of consciousness occurs. Remove glasses, loosen clothing around neck.
3. Turn on side as soon as able.
4. Clear area around child.
- 5. Do not restrain movement or place anything in mouth.**
6. Monitor breathing and begin artificial respiration if breathing does not resume spontaneously.
7. If seizure lasts more than five minutes or student has one seizure after another without Waking, call 911 and transport to \_\_\_\_\_ Hospital.
8. When seizure is over, allow child to rest and always notify parents.
9. Notify school nurse if in building.

10. Additional instructions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Nurse \_\_\_\_\_

**This information will be shared with your child's teacher unless you state otherwise.**