



Plan of Care for Seizures

Child's Name: _____ Date of Birth: _____ Age: _____
AYS Program: _____

Physician child sees for Seizures:

Name (please print) Phone Number

Medications your child uses for seizures:

Name of Medication(s)	Dosage	Time(s) of day given

Would medication(s) need to be given during normal program hours?YES/NO
Would medication(s) need to be given during non-school days?YES/NO
If **yes to** either question, an AYS permission slip, completed by your child's doctor is required. Have you returned this permission slip to the AYS program director? YES/NO

Allergies: List any allergies i.e. foods, medications, the environment, etc. _____

Seizure History:

How old was your child when seizures started: _____
How often do seizures occur?: _____
Identify anything that initiates a seizure: _____

Aura present prior to seizure ___YES ___NO if yes, please describe (visual, auditory, olfactory) _____

Type of seizure activity your child has experienced includes:

Complex Partial Seizure ___YES ___NO; Length of seizure (usually less than 30 seconds): _____
___Blank stare ___Chewing ___Mumbling ___Unaware of surroundings
___Unresponsive ___Clumsy actions, may run, appear afraid
___Post-seizure confusion ___Other _____

Petit Mal Seizure ___YES ___NO; Length of seizure: _____
___Blank stare ___Blinking ___Chewing ___Unresponsive
___Other _____

Grand Mal Seizure ___YES ___NO; Length of seizure: _____

___ Sudden cry ___ Fall ___ Rigidity followed by muscle jerks ___ Shallow breathing
___ Bluish skin ___ Loss of consciousness ___ Loss of bowel or bladder control
___ Post seizure confusion or fatigue ___ Other _____

Activity Restrictions

Please address playground & sports activities: _____

Safety Precautions

Please address any protective devices (such as a helmet) that your child must wear & the related activity _____

The usual procedure at AYS for a child having a seizure:

Complex Partial Seizures & Petit Mal Seizures

- Speak calmly & reassuringly to the child
- Gently guide away from hazards
- Stay with the child until completely aware of surroundings
- Monitor ABCs
- Notify parent/guardian
- If this is the first observation of a seizure, recommend evaluation by primary health provider

Grand Mal Seizures

- Protect from nearby hazards
- Loosen restrictive clothing
- Protect head from injury
- Turn on side to keep airway clear
- Monitor ABCs
- Notify parent/guardian
- If any of the following occur, **Emergency Medical Services** is requested:
 1. Seizure lasts more than 5 minutes
 2. Seizure occurs in the water
 3. If the child does not regain consciousness after seizure
 4. If the child has diabetes

Special Instructions/Comments:

Review of the above information & signatures for the current year in AYS:

Parent/Guardian Signature

AYS Program Director's Signature

Date

Date

Review of the above information & signatures for the subsequent year in AYS:

Parent/Guardian Signature

AYS Program Director's Signature

Date

Date