
JAMES BAY LOWLANDS SECONDARY SCHOOL BOARD
**PREVALENT MEDICAL CONDITION — EPILEPSY
PLAN OF CARE**
STUDENT INFORMATION

Student Photo

Student Name _____ Date of Birth _____

Ontario Ed. # _____ Age _____

Teacher(s) _____ Grade _____

EMERGENCY CONTACTS (LIST IN PRIORITY)

| NAME | RELATIONSHIP | HOME PHONE | CELL PHONE |
|------|--------------|------------|------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |

Has an emergency rescue medication been prescribed? Yes No

If yes, attach the rescue medication plan, healthcare provider's orders, and authorization from the student's parents for a trained person to administer the medication.

Note: Rescue medication training for the prescribed rescue medication and route of administration (e.g. buccal or intranasal) must be done in collaboration with a regulated healthcare professional.

KNOWN SEIZURE TRIGGERS

✓ CHECK ALL THOSE THAT APPLY

- Stress Menstrual Cycle Inactivity Changes in Diet
 Lack of Sleep Electronic Stimulation (TV, Videos, Florescent Lights)
 Illness Improper Medication Balance
 Change in Weather Other: _____
 Any Other Medical Condition or Allergy?

DAILY/ ROUTINE EPILEPSY MANAGEMENT

| DESCRIPTION OF SEIZURE (NON-CONVULSIVE) | ACTION |
|--|--|
| | (e.g. description of dietary therapy, risks to be mitigated, trigger avoidance.) |
| DESCRIPTION OF SEIZURE (CONVULSIVE) | ACTION |
| | |

SEIZURE MANAGEMENT

**Note: It is possible for a student to have more than one seizure type.
Record information for each seizure type.**

| SEIZURE TYPE | ACTION TO TAKE DURING SEIZURE |
|---|-------------------------------|
| (e.g. tonic-clonic, absence, simple partial, complex partial, atonic, myoclonic, infantile spasms) Type: Description: | |

Frequency of seizure activity:

Typical seizure duration:

BASIC FIRST AID—CARE AND COMFORT

First aid procedure(s):

Does student need to leave classroom after a seizure? Yes No

If yes, describe process for returning student to classroom:

BASIC SEIZURE FIRST AID

- ✓ Stay calm and track time and duration of seizure
- ✓ Keep student safe
- ✓ Do not restrain or interfere with student's movements
- ✓ Do not put anything in student's mouth
- ✓ Stay with student until fully conscious

FOR TONIC-CLONIC SEIZURE:

- ✓ Protect student's head
- ✓ Keep airway open/watch breathing
- ✓ Turn student on side

EMERGENCY PROCEDURES

Students with epilepsy will typically experience seizures as a result of their medical condition.

Call 9-1-1 when:

- Convulsive (tonic-clonic) seizure lasts longer than five (5) minutes
- Student has repeated seizures without regaining consciousness
- Student is injured or has diabetes
- Student has a first-time seizure
- Student has breathing difficulties
- Student has a seizure in water

*Notify parents or emergency contact.

HEALTHCARE PROVIDER INFORMATION (OPTIONAL)

Healthcare provider may include: Physician, Nurse Practitioner, Registered Nurse, Pharmacist, Respiratory Therapist, Certified Respiratory Educator, or Certified Epilepsy Educator.

Healthcare Provider's Name:

Profession/Role:

Signature:

Date:

Special Instructions/Notes/Prescription Labels:

If medication is prescribed, please include dosage, frequency, and method of administration, dates for which the authorization to administer applies, and possible side effects.

*Note: This information may remain on file if there are no changes to the student's medical condition.

AUTHORIZATION/PLAN REVIEW: INDIVIDUALS WITH WHOM THIS PLAN OF CARE IS TO BE SHARED

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

Other Individuals to Be Contacted Regarding the Plan of Care:

Before-School Program Yes No

After-School Program Yes No

School Bus Driver/Route # (If Applicable)

Other:

This plan remains in effect for the 20___ — 20___ school year without change and will be reviewed on or before: _____. (It is the parents' responsibility to notify the principal if there is a need to change the plan of care during the school year).

Parent: _____

Date: _____

Signature

Student: _____

Date: _____

Signature

Principal: _____

Date: _____

Signature