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EAST ISLIP
UNION FREE
SCHOOL DISTRICT

East Islip School Dist.
1 Craig B. Gariepy Ave.
Islip Terrace, NY 11752
Phone (631) 224-2138
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Health Plan / Emergency Care
SEIZURE DISORDER

Student: _____ Grade: _____ School Contact: _____ DOB: _____

Mother: _____ MHome #: _____ MWork #: _____ MCell #: _____

Father: _____ FHome #: _____ FWork #: _____ FCell #: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

SYMPTOMS OF A SEIZURE EPISODE MAY INCLUDE ANY/ALL OF THESE:

- ❑ Tonic-Clonic Seizure:
  - Entire body stiffens, jerking movements
  - May cry out, turn bluish, be tired afterwards
- ❑ Absence Siezure:
  - Staring spell, may blink eyes

STAFF MEMBERS INSTRUCTED: ❑ Classroom Teacher(s) ❑ Special Area Teacher(s) ❑ Administration ❑ Support Staff ❑ Transportation Staff

TREATMENT:

Clear the area around the student to avoid injury.
DO NOT PUT ANYTHING IN THE STUDENT'S MOUTH
Place student on side if possible, speak to student in reassuring tone
Stay with student until help arrives

❑ Emergency Medical Services (911) should be called, student transported to hospital
❑ **Emergency Medication to be given by Nurse at onset of seizure**
❑ Student should be allowed to rest following seizure, call parent

Transportation Plan: ❑ Medication NOT available on bus ❑ Does not ride bus

Special instructions: _____

Healthcare Provider Signature: _____ Phone: _____

Written by: _____ Date: _____

I give permission to allow communication between physician and East Islip School District staff – this plan can be shared with provider & school staff as applicable.

Parent/Guardian Signature: _____

This plan is in effect for the current school year and summer school as needed.