

WASHINGTON TOWNSHIP SCHOOL DISTRICT

2021-2022 SCHOOL YEAR

SEIZURE EMERGENCY PLAN FOR BUS

Brass Castle

Port Colden

Pupil's name: _____ Grade: _____

Address: _____

Diagnosis: _____ Allergies: _____

Bus AM: _____ Bus PM: _____

Parent/Guardian cell phones

Parent/Guardian #1 Name: _____ Phone # _____

Parent/Guardian #2 Name: _____ Phone # _____

Alternative Emergency Contact Name/Relation: _____ Phone #: _____

Physician: _____ Phone #: _____

If the student reports or exhibits any of the following symptoms (please check signs/symptoms of seizure your child may have):

- | | |
|---|--|
| <input type="checkbox"/> Staring or a blank stare | <input type="checkbox"/> Convulsions |
| <input type="checkbox"/> Change in level of awareness | <input type="checkbox"/> Stiffening |
| <input type="checkbox"/> Involuntary eyeball movements | <input type="checkbox"/> Non-responsiveness |
| <input type="checkbox"/> Involuntary facial movements | <input type="checkbox"/> Loss of or change in level of consciousness |
| <input type="checkbox"/> Repetitive or involuntary body movements | <input type="checkbox"/> Loss of bladder control |
| <input type="checkbox"/> Lack of verbal response to verbal or tactile stimuli | <input type="checkbox"/> Change in behavior or sudden change in usual behavior |
| <input type="checkbox"/> Increased fatigue/pale or blue skin | <input type="checkbox"/> Difficulty breathing/change in breathing pattern |
| <input type="checkbox"/> Sudden fall or any falling or tripping | <input type="checkbox"/> Additional signs/symptoms: _____ |
| <input type="checkbox"/> Generalized or partial uncontrolled movements | _____ |

First Aid for Seizures:

- | | |
|---|---|
| 1. Ease student to the floor | 5. Do NOT restraint student |
| 2. Turn student on side | 6. Do NOT put anything in student's mouth |
| 3. Clear area around student of any objects | 7. Stay with student until help arrives |
| 4. Put something soft/flat under student's head (e.g. jacket) | |

In the event of an emergency/signs of a seizure, bus driver will pull over and radio Dispatch. Transportation supervisor will call 911. Transportation Supervisor will contact Principal. School Nurse will be notified.

In accordance with N.J.S.A.18A:40-12.36, I understand that the school district shall provide the bus driver with a notice of the student's condition, information on how to provide care for epilepsy or the seizure disorder, emergency contact information, epilepsy and seizure disorder first aid training, and parent contact information.

Parent Signature _____ Date _____

School Nurse signature: _____

Date received from parent/guardian: _____

Date sent to transportation: _____