

WASHINGTON TOWNSHIP SCHOOL DISTRICT

2021-2022 SCHOOL YEAR

SEIZURE PRECAUTIONS FOR SCHOOL/CLASSROOM

Pupil's name: _____

Grade: _____

Teacher: _____

Classroom #: _____

Diagnosis: _____

Allergies: _____

Parent/Guardian cell phones

Parent/Guardian #1 name: _____

Phone # _____

Parent/Guardian #2 name: _____

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 (call Nurse x 3607):

- | | |
|---|---|
| 1. Stay calm | 5. Put something soft/flat under student's head (e.g. jacket) |
| 2. Ease student to the floor | 6. Do NOT restraint student |
| 3. Turn student on side | 7. Do NOT put anything in student's mouth |
| 4. Clear area around student of any objects | 8. Have students sent to neighboring classroom if possible |

General classroom precautions

1. Use a buddy system for student travel within building.
2. Sub Plans should clearly identify student and his/her medical situation
3. Report all unusual behavior to nurse
4. Report any fall to nurse
5. Other Precautions: _____

In accordance with N.J.S.A 18A:40-12.37, I give permission for the release and exchange of information between the school nurse and my child's physician/advanced practice nurse/healthcare provider concerning any health matters and medications. In addition, I authorize the school nurse to share medical information with other staff members of the school district, as necessary.

Parent Signature _____ Date _____