School Year 2021 - 2022

SCHOOL SEIZURE PROTOCOL

Student's Name: _____ D.O.B. _____

Date: _____

PHYSICIAN'S SECTION:

In the event the above-named student has a seizure in school, the following protocol will be followed:

A. Place the student in a position assuring maximal airway clearance.
B. Do not insert any object in the oral cavity.
C. Loosen confining clothes.
D. Give emergency medication (i.e. Diastat) _____ ___mg for seizure greater than _____ minutes.
E. VNS swipe after _____ seconds, repeat after _____ seconds.
F. If the seizure exceeds _____ minutes, transport via ambulance to the nearest emergency room.

*Physician's Signature: _____

PARENT'S SECTION:

1. Please describe the type of seizure your child has:

   _____

2. Please give the date of the last seizure your child had: _____

I authorize the School Nurse, the registered nurse (RN) or licensed practical nurse (LPN) to assist my child in the above <u>VNS</u> procedure, and to delegate to trained, unlicensed school personnel, the task of assisting my child with the above prescribed procedure, in accordance with administrative code practice rules. I understand that additional parent/prescriber signed statements will be necessary if the procedure is changed. I also authorize the School Nurse to talk with the licensed healthcare provider should a question come up about the procedure.

_____ _____

Signature of Parent Date