Seizure/Epilepsy Individualized Health Plan

Name:______________________________ Date of Birth: __________________ Grade:__________

Parent/Guardian Name: ______________________Phone: ❑Home ❑ Cell ______________Work____________

Emergency Contact:______________________ Relationship:__________ Phone :❑Home ❑ Cell ____________

Primary Physician's Name: __________________________ Phone: ___________________________

Physician Caring for Seizure:_____________________________ Phone:______________________

Hospital Preference: _____________________________

Seizure History

Type of Seizure	Symptoms (Student may experience some or all of the listed symptoms during a specific seizure)
❑Absence	❑ Staring ❑ Eye blinking ❑ Loss of awareness ❑ Other: ____________________
❑ Simple Partial	❑Remains conscious ❑ Involuntary rhythmic jerking twitching on one side ❑ Distorted sense of smell, hearing, sight ❑ Other: ____________________
❑ Complex Partial	❑ Confused ❑ Not fully responsive/unresponsive ❑ May appear fearful ❑ Purposeless, repetitive movements ❑ Other: ____________________
❑ Generalized Tonic-Clonic	❑ Convulsions ❑Stiffening ❑ Breathing may be shallow ❑ Unconsciousness ❑Lips or skin may have bluish color ❑Confusion, weariness, or belligerence when seizure ends ❑ Other:______________________________________

Date of seizure onset: ______________ Frequency of seizures: ___________________________

Seizure usually lasts: ________________ minutes. Student returns to baseline in ___________ minutes.

Identify What Things Start a Seizure

❑ Exercise ❑ Stress ❑ Heat ❑ Fatigue ❑Other: ______________________

Comments:____

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Seizure Care and Treatment

Allergies (food, medication, etc.):____

Dietary Restrictions: ____

Medications: (Please include any side effects that the staff needs to observe or that might interfere with learning.)

Medication	Dose	Directions	Possible Side Effects

Aura (Prior to Seizure): ❑ No ❑ Yes (Please describe) ____

Activity Restrictions (Physician Order):

- Swimming Restrictions: ❑ No ❑ Yes One on One Supervision: ❑ No ❑Yes Shallow End Only: ❑ No ❑ Yes
  Other Swim Orders: ____
- Gym/PE Restrictions: ❑ No ❑ Yes One on One Supervision: ❑ No ❑ Yes
  Other PE Orders: ____
- Playground Restrictions: ❑ No ❑ Yes
- Other Activity Restrictions: ____

Safety Precautions (Helmet, etc.) Explain:____

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