



THE SEVEN HILLS SCHOOL
EMERGENCY CARE PLAN – SEIZURES

Name: _____ D.O.B. _____

Teacher: _____ Division/Grade: _____

Student information: _____

Seizure appearance: _____

Treatment:

- 1. If falling, assist student to floor & carefully turn student on the right side to prevent choking. Speak soothingly in a normal voice.
2. Protect head from injury-place some cushioning under head if no question of a head/neck injury (towel, small pillow, lap) & clear away furniture, desks or other objects. Another adult should direct other students into another room.
3. Time how long tremor lasts & note appearance of seizure (generalized tremors, localized to one side or part of the body).
4. Call 911 if there is any possibility of injury from falling to the ground during the seizure or If seizure (tremor) is prolonged longer than ____ minutes.
5. For prolonged seizure (> ____ min,), administer emergency rectal medication (Diastat) per order.
6. Call parent emergency numbers as soon as possible.
7. Allow seizure to run its course – DO NOT restrain or try to insert anything into the student’s mouth.
8. As student begins to come around, _____.
9. _____.

Emergency Contacts:

Mother – Home _____ Work _____ Cell _____

Father – Home _____ Work _____ Cell _____

MD [] Dr. _____ Office _____ Cell _____

I have read this emergency plan and am in agreement with it for implementation in the school should the need arise. I waive any claims I might have against The Seven Hills School, its employees and agents, either jointly or severally, from and against any and all claims, damages, causes of action or injuries incurred or resulting from the implementation or attempts at implementation of this plan.

(Parent Signature)

(Date)

(Doctor Signature)

(Date)