Tippecanoe School Corporation
21 Elston Road
Lafayette, IN 47909

To the parent/guardian of ________________________________ Teacher:_______________Grade: ______

You have indicated on school records that this student currently has **seizures**. It is important to have at least annual health information when s/he needs help at school. **Please complete this form and return it to the school nurse tomorrow** so a plan to help your child can be shared with identified school personnel. It is the responsibility of parents to provide necessary special food and medicine needed at school. If you have any questions, you may call the nurse at the student's school.

How often do the seizures occur? ____

Has the student been hospitalized for seizures within the past year? No___Yes ___When? _________________

What does the seizure look like, and how long does it last? ____

How soon after a seizure can the student return to his/her regular activities? __________________________

List conditions that can trigger the seizures (noise, blinking lights etc.) ___________________________
____

Does the student need any special activity adaptations/protective equipment (e.g. helmet) at school?
No____Yes ___ If yes, describe:** ____

Seizures are currently being treated by Dr.____________________________________Phone: _____________

ARE MEDICATIONS NEEDED TO CONTROL THE SEIZURES? No ____ Yes____(list below)

MEDICATION	DOSE	TIME
1.		
2.		
3.		
4.		

Circle the number of any medication that needs to be given at school. *

PLEASE ADVISE THE SCHOOL NURSE IMMEDIATELY OF CHANGES IN MEDICATION AND/OR DOSE

THE USUAL TREATMENT AT SCHOOL FOR A STUDENT HAVING A SEIZURE IS:

1. Stay with student through seizure, speaking gently.
2. Provide for student safety by removing nearby hazardous objects, loosening clothing at neck and waist, protecting head from injury as pertinent.
3. Remove other students from the immediate area to give privacy as much as possible.
4. Time the seizure.
5. Observe student for inadequate breathing/continuous seizing; if noted, call 911.
6. Advise parent of seizure.
7. Reorient the student and guide student to safe location.
8. Provide rest as needed for student after the seizure.

If you want additional help given or have other concerns, describe them here: **
____
____

Parent signature:____Date: __________________

REMEMBER TO ADVISE THE SCHOOL IMMEDIATELY OF CHANGES IN PHONE NUMBERS, ADDRESS, RESPONSIBLE EMERGENCY CONTACT PERSONS, DOCTOR, OR HOSPITAL PREFERENCES.

* TSC has a policy regarding taking medication for school. Please check with your child's school for direction.
** Tests and activity restrictions require written direction from the student's doctor.