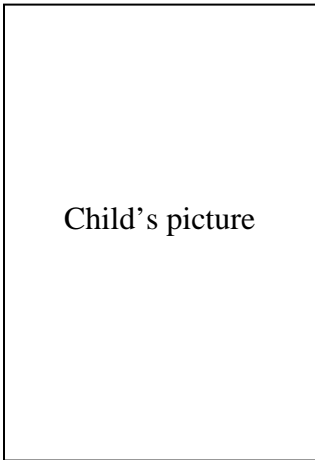




# Oak Park School District Seizure Management Plan



Student's Name: \_\_\_\_\_ School Year: \_\_\_\_\_

School Attending: \_\_\_\_\_

DOB: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ on \_\_\_\_\_  
(Healthcare Provider Signature) Date

Acknowledged by: \_\_\_\_\_ Cell #1: \_\_\_\_\_  
(Parent/Guardian Signature) Cell #2: \_\_\_\_\_

Acknowledged by: \_\_\_\_\_ on \_\_\_\_\_  
(District Nurse Signature) Date

**Signs/Symptoms of Seizure Activity may include all or some of the following:**

- |                                     |  |
|-------------------------------------|--|
| 1. Blank staring                    | 7. Nonsense speech                               |
| 2. Rapid eye blinking               | 8. Drooping of the mouth or cheek                |
| 3. Drooling                         | 9. Repetitive movement of a body part            |
| 4. Clenching hands                  | 10. Grinding teeth                               |
| 5. Waving arms                      | 11. Uncontrolled shaking of 1 or more body parts |
| 6. Shaking/twitching of extremities | 12. Student may fall down or lose consciousness  |

**Triggers/Symptoms (Specific to Student)**

1. How often does seizure activity occur? \_\_\_\_\_

---

2. Has hospitalization been needed in the past year for seizure activity?  Yes  No
3. Seizures are currently being treated by Dr. \_\_\_\_\_
4. What does the child's seizure look like and how long does it last? \_\_\_\_\_

---

5. List conditions that usually cause the seizure (e.g. noise, blinking lights) \_\_\_\_\_

---

6. Does the student use any special activity adaptations or protective equipment (e.g., helmet) at school?  Yes  No (Describe) \_\_\_\_\_
7. Is the use of a magnet used to stop the seizure?  Yes  No  
 If Yes, where is it located? \_\_\_\_\_

**Are medications needed to control the seizures?**  No  Yes

	Medication	Dose/Route
<b>#1</b>		
<b>#2</b>		

**Bus Information to be completed by Parent/Guardian**

Medication is to be available on the bus: Please circle → YES NO  
 If Medication **IS** to be available on the bus, I \_\_\_\_\_,  
 parent/guardian of \_\_\_\_\_ understand that I must provide an  
 extra medication to be carried to and from school in the front pocket of the backpack. Transportation will be  
 notified.

**Acknowledged by District Nurse:** \_\_\_\_\_ **Date** \_\_\_\_\_

**PARENT/GUARDIAN:**

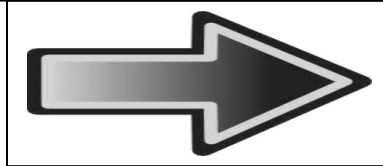
I request and give permission for (name of student) \_\_\_\_\_, to receive the above medication(s)/treatment at school according to standard school district policy and for the physician or physician's staff and school district staff to share information needed to assist my child with medication needs. Schools require parent/guardian to bring medication in its original container (no exceptions will be made if not in original container). All medication must be labeled with the student's name and must be current.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Students with health/medical issues may be eligible for protection under Section 504, a federal disability law. Parents who wish to initiate a request for a 504 evaluation should contact the office of Specialized Student Services at 248-336-7673.

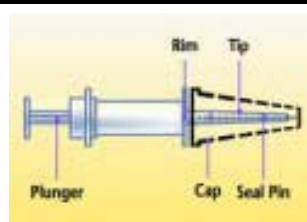
If a seizure last longer than  
**3-5 MINUTES**



**Give Diastat**  
(If ordered by physician)



1. Put person on their side where they can't fall



2. Get medicine



3. Push up w/thumb & pull to remove protective cover from syringe



4. Lubricate rectal tip w/lubricating jelly



5. Turn person on side facing you



6. Bend upper leg forward to expose rectum



7. Separate buttocks to expose rectum



8. Gently insert syringe tip into rectum



9. Slowly count to 3 while gently pushing plunger in until it stops



10. Slowly count to 3 before removing from rectum



11. Slowly count to 3 holding buttocks to prevent leakage



12. Keep person on side facing you, note time given and continue to observe

Building Authorization: \_\_\_\_\_ Date: \_\_\_\_\_

Total number of Diastat kits supplied to district: \_\_\_\_\_

School Office       Classroom       Other: \_\_\_\_\_