Campus Nurse will attach Student Photo



Transportation					
□ Car Rider	□ Walker				
□ Bus #					
□ Other:					
Student has permission to transport					
medication listed below to and from					
school?					

□ YES □ NO

Date of Birth GRADE									
Other Emergency contact Significant Medical History: Soizure Description (Check all that apply) Convolusions in Involuntary hythmic movements in Staring in Unconsciousness in Stiffening in Facial tics Seizure Type Length Frequency Description Seizure Type Basic Seizure First Aid Subscription Structure Seizure First Aid Subscription Seizure First Aid Subscription Seizure Seizure First Aid Subscription Seizu	Student's Name			Date of Bir	th	GRAI	DE		
Significant Medical History: Seizure Description (Check all that apply) Convulsions involuntary rhythmic movements is Staring in Unconsciousness is Stiffening in Facial ties. Seizure Type Length Frequency Description Seizure First Aid: Care & Comfort Please describe basic first aid procedures: Seizure Secription Secreption Secre	Parent/Guardian	Phor	ne	Cell					
Seizure Description (Check all that apply) Convolvisions Involuntary rhythmic movements Staring Unconsciousness Stiffening Facial tics Seizure Type Length Frequency Description Seizure Type Length Frequency Description Seizure triggers or warning signs: Seizure triggers or warning signs: Student's response after a seizure: Basic First Aid: Care & Comfort Please describe basic first aid procedures: Does student need to leave the classroom after a seizure? Yes No Seizure England to classroom: If Yes, describe process for returning student to classroom: Seizure Emergency Protocol Seizure Emergency Protocol Contact campus nurse at Penter base Penter b	Other Emergency contact	Phor	ne	Ce	ell				
Contract campus nurse at Sezure Server than the resonant server than	Significant Medical History:			l l					
Seizure triggers or warning signs: Student's response after a seizure:			□ Unconsciousness □	Stiffening	□ Facial tics				
Basic First Aid: Care & Comfort Please describe basic first aid procedures: Does student need to leave the classroom after a seizure? If Yes, describe process for returning student to classroom: Emergency Response Name of Emergency Medication: Contact campus nurse at Potential Content of Co							Description		
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Please describe basic first aid procedures: Six pan A track time	Seizure triggers or warning signs:		Student	s response	after a seizu	ıre:			
Seizure Emergency Response Seizure Emergency Protocol Seizure Emergency Protocol Seizure Emergency Medication: Contact campus nurse at Seizure Emergency Medication: Seizure Interest (Seizure Seizure Sei	Basic First Aid: Care & Comfort					Basic S	Seizure First Aid		
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Does student need to leave the classroom after a seizure? Yes No If Yes, describe process for returning student to classroom: Fixed process for returning student to classroom: Yes No	·								
Seizure Emergency Response					Do not pr	ut anything in			
Emergency Response Name of Emergency Medication: Seizure Emergency Protocol * Contact campus nurse at Administer emergency medications * Call 911 Notify parent or emergency contact * Document Episode/Student Accident Report Filed * Student has a seizure in water * Student has prachated in the student water in wate				0	 Record s 	eizure in log			
Seizure Emergency Response Name of Emergency Medication:	If Yes, describe process for returning	student to classroom	n:				e:		
Seizure Emergency Protocol Contact campus nurse at					Keep ain	way open/wat	tch breathing		
Name of Emergency Medication: Seizure Emergency Protocol Contact campus nurse at					Turn chil	d on side			
Contact campus nurse at Administer emergency medications Call 911 Notify parent or emergency contact Call 911 Notify parent or emergency contact Convulsive (tonic-donic) seizures latest longer than 5 minutes Convulsive (tonic-donic) seizures latest magning consciousness Student has repeated seizures without regarning consciousness Content of emergency contact Convulsive (tonic-donic) seizures lates from minutes. Document Episode/Student Accident Report Filed Other: Document Episode/Student Accident Report Filed Other: Student has a seizure in water Student has a seizure in water		0-1	D1I		A soiz	uro is ac	anorally considered an		
Administer emergency medications Call 911 Notify parent or emergency contact Document Episode/Student Accident Report Filed Other: Notify parent or emergency contact Document Episode/Student Accident Report Filed Other: Student has repeated sezures without regaining consciousness Student has injured or has diabetes Student has pasted size sezure Student has breathing difficulties Student has pasted size sezure Student has pasted by Student has pasted Student has pasted sezure Student has pasted by Student has pasted sezure Student has pasted by Student has pasted sezure Student has pasted by S	Name of Emergency Medication:				A Seiz				
Call 911		* Administer er	nergency medications		Convulsive		_		
Notify parent or emergency contact Document Episode/Student Accident Report Filed Other: Student has a first time seizure Student has a seizure in water Time to be Given Common Side Effects/Special Instructions Does student have a Vagus Nerve Stimulator? Yes No If YES, Location GENERATOR MAGNET STUDION (NS): Swipe magnet at seizure onset. Swipe for report of aura Repeat swipe times every minutes. If seizure last 5 minutes, CALL 911 and implement Emergency Response indicated above. Other: KEEP MAGNET 10" AWAY FROM CREDIT CARDS, TELEVSION, CELL PHONES, COMPUTERS, MICROWAVES, WATCHES AND OTHER MAGNETS. THE MAGNET CAN BREAK IF DROPPED. USE THE MAGNET 10" AWAY FROM CREDIT CARDS, TELEVSION, CELL PHONES, COMPUTERS, MICROWAVES, WATCHES AND OTHER MAGNETS. THE MAGNET CAN BREAK IF DROPPED. USE THE MAGNET 10" AWAY FROM CREDIT CARDS, TELEVSION, CELL PHONES, COMPUTERS, MICROWAVES, WATCHES AND OTHER MAGNETS. THE MAGNET CAN BREAK IF DROPPED. USE THE MAGNET 10" ON OTHER MAGNET SWIPE. Special Considerations and Precautions (regarding school activities, sports, trips, etc.) Describe any special considerations or precautions: I AGREE with the recommendations of my child's HCP and authorize Katy ISD staff to deliver treatment as outlined above. I DO NOT approve of the standardized procedure(s) and, therefore have attached my alternate written recommendations. I give permission for my child's HCP to communicate with appropriate Katy ISD employees for the current school year. Physician Signature: Phone: Date:	6	* Call 911			 Student ha 	is repeated se	eizures without regaining consciousness		
Administer for seizures lasting for more than initutes. Other: Other: Other: Other:		 Notify parent 	or emergency contact						
Medication(s) to be Given During School Hours Medication Dosage Time to be Given Common Side Effects/Special Instructions Does student have a Vagus Nerve Stimulator? Pes Pes No If YES, Location GENERATOR MAGNET VAGUS NERVE STIMULATION (VNS): Swipe magnet at seizure onset. Swipe for report of aura Repeat swipe minutes. If seizure last 5 minutes, CALL 911 and implement Emergency Response indicated above. Other: KEEP MAGNET 10" AWAY FROM CREDIT CARDS, TELEVSION, CELL PHONES, COMPUTERS, MICROWAVES, WATCHES AND OTHER MAGNETS. THE MAGNET CAN BREAK IF DROPPED. USE THE MAGNET BY MOVING OR PASSING THE MAGNET OVER THE GENERATOR FOR APPROXIMATELY 1 SECOND. THE STUDENT WILL RECEIVE ONE MINUTE OF STIMULATION AFTER EACH MAGNET SWIPE. Special Considerations and Precautions (regarding school activities, sports, trips, etc.) Describe any special considerations of my child's HCP and authorize Katy ISD staff to deliver treatment as outlined above. I DO NOT approve of the standardized procedure(s) and, therefore have attached my alternate written recommendations. I give permission for my child's HCP to communicate with appropriate Katy ISD employees for the current school year. Physician Signature: Printed Name: Phone: Date:									
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	Dhysisian Cignoture	Drinted Name:		Dhana			Data		
Depart Cinnetures Drinted Names	Pnysician Signature:	Printed Name:		Pnone:			Date:		
	Parent Signature:	Printed Name:		Phone:			Dotos		

ADDENDUM to Action Plan

NU	RSE USE ONLY:			
	Transportation Notified: Date Faxed			
	Bus Driver Notified			
	Added to Medical Alerts			
	Self-Carry			
	Diet Modification: Date Faxed			
	RTI 504 ARD Committee Notified: Date	·		
In a	nddition: A full IHP needed for a 504 or an ARD			
	Field Trips	Student will be grouped with a tra	ined staff member.	
	Before or After School Activities (i.e. Safety Patrol, Clubs, Sports)	Nurse and Parent will discuss a plan for their child.		
	Emergency Evacuation of School	Nurse will bring medication/supplies out of building and will attend to student as needed.		
		AFF MEMBERS Ø		
Tead	cher's Name:	oy campus personnel)	Date:	
Tead	cher's Name:		Date:	
Adn	ninistrator's Name:		Date:	
Offic	ce Staff's Name:		Date:	
Cafe	eteria Staff's Name:		Date:	
Bus	Driver's Name:		Date:	
Oth	er Name:		Date:	
Oth	er Name:	Date:		
Oth	er Name:		Date:	
ОТ	THER COMMENTS:			
Nin	rse Signature:	Date:		