

HEALTH CARE PLAN FOR SEIZURES

Child's Name: _____ Date of Birth _____ Center _____

Child's Doctor. : _____ Telephone Number: _____

Parent's Phone: Mother: _____

Father: _____

Emergency contacts:

1. _____ Relationship: _____ Phone: _____

2. _____ Relationship: _____ Phone: _____

3. _____ Relationship: _____ Phone: _____

Type of seizure (describe the seizure activity: _____

Does the child take any medications for seizures? : _____ Yes _____ No

If yes, what is the medication name? _____

Guidelines from the Epilepsy Foundation, for a child, when to call an ambulance for seizures and when it is not necessary:

No need to call an ambulance:

1. If the child is a known epileptic (has a diagnosis of "epilepsy", **and**
2. If the seizure ends in less than five minutes
3. If consciousness returns without further incident, **and**
4. If there are no signs of injury or physical distress

An ambulance should be called:

1. If the seizure happens in the water
2. If the child is not known to have a diagnosis of epilepsy
3. If the person is injured or diabetic
4. If the seizure continues for more than five minutes
5. If the second seizure starts shortly after the first has ended
6. If consciousness does not start to return After the shaking has stopped

Parent Signature

Date

Part C: Head Start Staff Acknowledgment: By signing below, I acknowledge my responsibility to ensure the medication for the above-mentioned child is administered as directed in Part A.

Teacher: _____ Family Service Worker: _____

Assistant Teacher: _____ Team Leader: _____