



**AUBURN UNION SCHOOL DISTRICT**  
**255 EPPERLE LANE**  
**AUBURN, CA 95603**  
**PHONE 530.885.7242**  
**FAX 530.885.5170**

## SEIZURE INFORMATION (ANNUAL UPDATE)

Dear Parent/Guardian,

Please assist us in updating your student's health care plan by completing this form. If you have any questions please contact Jenny Serrano, District Nurse (jserrano@auburn.k12.ca.us)

Student Name:	DOB:	School Year:
School:	Grade:	
Student's Neurologist:		
Student's Primary Care Doctor:		
Have there been any changes in your child's seizure patterns/activity in the past year? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:		
Any changes in your child's medications? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If yes, please list current medications:		
Date of your child's last seizure:		

BASIC SEIZURE FIRST AID			
<b>What type(s) of seizure(s) does your child have?</b>	<b>Below is the standard first aid protocol for seizures. If you would like different interventions, please indicate in the space provided below.</b>		
<input type="checkbox"/> Absence	Record on seizure event log Watch for patterns or increase in occurrence. Observe for safety.		
<input type="checkbox"/> Complex Partial with altered consciousness	Record on seizure event log <ul style="list-style-type: none"> <li>● Time the event.</li> <li>● Stay calm and speak softly.</li> <li>● Direct away from potentially harmful objects such as tables, chairs and doors.</li> <li>● Help to lie down if necessary.</li> <li>● Allow for wandering in contained area.</li> <li>● Do not restrain.</li> <li>● Other _____</li> </ul>		
<input type="checkbox"/> Generalized Tonic Clonic or Tonic with loss of consciousness and high tone and/or jerking movements	Record on seizure event log <table style="width: 100%; border: none;"> <tr> <td style="vertical-align: top; width: 50%;"> <ul style="list-style-type: none"> <li>● Time the event.</li> <li>● Help student to lie down.</li> <li>● Turn student on side.</li> <li>● Monitor breathing and airway.</li> <li>● Observe movements.</li> <li>● Cushion and protect head.</li> <li>● Clear objects from arms or legs.</li> </ul> </td> <td style="vertical-align: top; width: 50%;"> <ul style="list-style-type: none"> <li>● DO NOT restrain.</li> <li>● DO NOT put anything in mouth.</li> <li>● Stay with student until fully conscious</li> <li>● Record on seizure event log. If vomiting occurs during seizure event, call school nurse or 911.</li> <li>● Other _____</li> </ul> </td> </tr> </table>	<ul style="list-style-type: none"> <li>● Time the event.</li> <li>● Help student to lie down.</li> <li>● Turn student on side.</li> <li>● Monitor breathing and airway.</li> <li>● Observe movements.</li> <li>● Cushion and protect head.</li> <li>● Clear objects from arms or legs.</li> </ul>	<ul style="list-style-type: none"> <li>● DO NOT restrain.</li> <li>● DO NOT put anything in mouth.</li> <li>● Stay with student until fully conscious</li> <li>● Record on seizure event log. If vomiting occurs during seizure event, call school nurse or 911.</li> <li>● Other _____</li> </ul>
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## SEIZURE INFORMATION (ANNUAL UPDATE)

(CONTINUED)

<b>BASIC SEIZURE FIRST AID (continued)</b>
<p>In the event that my child has a seizure at school, I would like the following interventions to occur:</p>    

<b>SEIZURE EMERGENCY PROTOCOL</b>
<p>Below is the standard emergency protocol for seizures, please indicate your instructions in spaces below. If you would like different interventions, please indicate in the space provided</p>
<ul style="list-style-type: none"> <li>• Notify parent if seizure lasts longer than _____minutes.</li> <li>• Contact Health Clerk/Front Office</li> <li>• Trained staff to be available during community outings for seizure first aid.</li> <li>• If student has a single_____ seizure lasting longer than_____ minutes, or has one seizure after another without regaining consciousness, STAFF TO CALL 911.</li> <li>• CALL 911 if there respiratory compromise without adequate recovery despite following student specific respiratory management plan OR if there is concern that the seizure is unusual.</li> </ul>
<p>In the event that my child has a seizure emergency at school, I would like the following interventions to occur:</p>    

Parent/Guardian Name: \_\_\_\_\_

Date: \_\_\_\_\_

Thank you for your assistance. The district nurse will review this information and develop a personalized seizure action plan for your student. This plan will be sent to you to review and approve before sent to appropriate school staff.

<b>FOR OFFICE USE ONLY</b>		
<b>Date Rec:</b>	<b>F/U Needed:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>SAP :</b> <input type="checkbox"/> Yes <input type="checkbox"/> No