



Plan of Care for Epilepsy/Seizures

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

AYS Program: _____ School Year: _____

Please list the name and phone number of the physician your child sees for their seizures/epilepsy below:

Name (please print) Physician's Phone Number

Does your child take medication for the prevention or treatment of epilepsy/seizures? YES* NO

If your child participated in an outside activity or field trips would they be required to take any medications with them for prevention of any epilepsy/seizures? YES* NO

(*If you answered yes to either of the above questions please list the medications your child takes for prevention/treatment of their epilepsy/seizures below)

Name of Medication(s)	Dosage	Time(s) of Day Given

Would any of the above medication(s) need to be given during normal program hours? YES NO

Would any of the above medication(s) need to be given during extended program hours? YES NO

If you answered yes to either question, please be aware that an AYS Medication Consent form will need to be completed by your child's doctor and provided to AYS.

Have you provided an AYS Medication Consent form to AYS staff? YES NO

Seizure History:

How old was your child when seizures started? _____

How often do seizures occur? _____

Please identify anything that you believe could cause a seizure in your child. _____

Does your child ever have an aura present prior to seizure? YES NO

If yes, please describe (visual, auditory, olfactory) _____

Does the type of seizure activity your child experience include any of the following: (Please check all that apply)

Complex Partial Seizure YES NO *Petit Mal Seizure* YES NO *Grand Mal Seizure* YES NO

- Blank stare
- Unresponsive
- Crying out
- Other _____
- Chewing
- Falling
- Clumsy actions, may run, appear afraid
- Mumbling
- Jerking motions
- Unaware of surroundings
- Post-seizure confusion

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Control of the Child Care Environment

Please list any ideas/suggestions that would help the AYS staff to care for and communicate with your child.

Habits/Behaviors

Are there any habits or behaviors that are particular to your child of which AYS staff should be aware?

Are there any activities your child should avoid participating in? _____

Are there any protective devices (such as a helmet) that your child must wear routinely or during any activity?

The usual procedure at AYS for a child having a seizure is as follows:

Speak calmly and reassuringly to the child. Gently guide away from hazard. Protect from nearby hazards. Stay with the child until completely aware of surroundings. Monitor airway, breathing, and circulation. Notify parent/guardian. If necessary: Loosen restrictive clothing, Protect head from injury, Turn on side to keep airway clear after the seizure. If any of the following occur, AYS will request emergency medical services: seizure lasts more than 5 minutes, seizure occurs in the water, if the child does not regain consciousness after seizure, the child has never had a seizure before, the child has another seizure soon after the first one, the child is injured in some way during the seizure, if the child has a health condition like diabetes or heart disease. If your child needs any additional procedures for their safety you must notify AYS in writing of the additional procedures.

Review of above information and signatures for the _____ school year in AYS.

Parent/Guardian Signature

AYS Program Director's Signature

Date

Date

Review of above information and signatures for the _____ school year in AYS.

Parent/Guardian Signature

AYS Program Director's Signature

Date

Date