

Community Unit School District 200

Administration and School Service Center

130 West Park Avenue

Wheaton, IL 60187

Phone: 630/682-2000

Fax: 630/682-2227

Seizure Protocol

Student Name _____ DOB _____ ID# _____

School: _____ Teacher/Grade _____

Emergency Contacts

| Name | Relationship | Home# | Work# | Cell# |
|----------|--------------|-------|-------|-------|
| 1. _____ | | | | |
| 2. _____ | | | | |

Seizure Type(s): _____

Triggers/warning signs: _____

Date of last seizure: _____ Number of seizures in past year _____

Does student have any activity restrictions?

Physical education: Yes ___ No ___ explain _____

Playground/gym equipment: Yes ___ No ___ explain _____

Other: _____

Medication(s) and dosage(s)

Seizure Protocols - When to call 911

VNS procedures: _____

Diastat:

Administer Diastat _____ mg rectally prn (or other emergency medication _____) for:

Seizure > _____ minutes or for _____ or more seizures in _____ minutes/hours

Check all that apply:

___ Call Parent after administration

___ Call 911 immediately

___ Call 911 _____ minutes after administration of diastat with continued seizure activity.

___ Other (explain) _____

SIGNATURE OF PHYSICIAN _____

PRINTED NAME OF PHYSICIAN _____

ADDRESS _____

TELEPHONE # _____ FAX # _____ DATE: _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____