Grace Education Academy

STUDENT MEDICAL CONDITION NOTIFICATION

SEIZURE

Dear Parent,

The school records indicate that your child _____ has been diagnosed with the following medical condition(s):

_____
_____

In order to prepare the staff for a possible emergency concerning your child, the school staff must be made aware of your child's medical condition. Therefore, the school is asking for your permission to confidentially notify the teachers and/or staff members and/or transportation of your child's condition, in order to protect your rights, your child's safety and comply with Florida Statute 1002.22 and 381.0056. The school understands this can be a sensitive situation and assures you that this information will be kept as confidential as possible.

Sincerely,

_____
Principal
_____School

PLEASE SIGN AND RETURN TO YOUR CHILD'S SCHOOL

I hereby give permission for confidential written notification to your staff of my child's medical condition.

Parent Signature: _____ Date: _____

GRACE EDUCATION ACADEMY
Seizure Disorder Care Plan

Please Print - (TO BE COMPLETED BY PARENT)

Student's Name _____ Student's I.D. Number _____ _

School _____ Grade ___ Date of Birth _____ _

Parent(s)/Guardian(s) _____ _

Home Phone _____ Work _____ Cell _____

Emergency Contact _____ Phone _____ Other _____ _

Physician's Name _____ Phone _____ _

Physician Treating Seizures _____ Phone _____ _

Allergies: _____ _

1. What type of seizures does your child have? _____ _

2. Does your child have other health problems/concerns? _____ _

3. At what age did seizure activity begin? ____ When was the last seizure? ___ _

4. Is there any known specific cause for these seizures? If so please explain briefly. _____ _

5. Describe the seizure: _____

6. How long do the seizures normally last? ____ _

7. Has a seizure ever lasted longer than 5 minutes? D Yes D No. If yes, what intervention was needed.

8. Does your child lose bowel or bladder control during a seizure? Dves DNo

Seizure Disorder Care Plan

9. Has your child ever turned blue or stopped breathing during a seizure? ○Yes ○No

If yes, what intervention was needed? _____

10. Has your child ever required hospitalization due to a seizure? ○ Yes ○ No

If yes, please explain _____

11. Is there anything that seems to trigger a seizure? (i.e. flashing lights; video games, computers), ○

Yes ○No If yes, please explain _____ _

12. Are there any warnings or behavior changes before a seizure? ○Yes ○ No

If yes, please explain _____ _

13. Are there any limitations to your child's activities ○Yes ○ No

If yes, please be specific and attach a physician's order _____ _

14. Does your child require any protective equipment, e.g. helmet? ○Yes ○ No

If yes, please list and explain _____ _

15. Other considerations: _____ _

16. May we contact your child's doctor with questions about your child's seizures or treatment?
NOTE: you must sign **A Release of Medical Information** prior to our contacting the physician.

○Yes ○ No

17. List ALL medications your child takes including those at school (An additional medication form and Physician prescription must be submitted for all medications administered in school)

Physician's Signature: _____ Date: _____ _

Parent's/Guardian Signature: _____ Date: _____ _

NOTE: FOLLOWING AN OBSERVED SEIZURE, PLEASE COMPLETE THE SEIZURE OBSERVATION FORM AND GIVE TO PARENT.

GRACE EDUCATION ACADEMY
HEALTH CARE ACTION PLAN

Student Name _____ Date _____ _

(Copy to be readily available in classroom and office)

EMERGENCY PLAN

IN AN EMERGENCY:

1 . Stay with child

2. Call/ask someone to contact Ms. Kim or Dr. Rivera-Tubbs who will assess the child and summon EMS for this child/or teacher may call EMS.

If you see this: **Do This:**

Based on the child's current condition a **medical emergency** for this child is

Mother's Name: _____ Work (_} _____ Home (_) _____ _ Cell (_} _____ _

Father's Name: _____ Work(_} _____ Home (_} _____ _ Cell (_) _____ _

Emergency Contact Name: _____ Phone Number: _____ _

Preferred Hospital: _____ _

Primary Physician: _____ _

Specialist(s): ----------