



TRANSPORTATION COMMUNICATION

SEIZURE EMERGENCY PLAN

Student Name: _____

School Year: _____

School Name: _____ School Ph #: _____

Bus #: _____

Parent Name: _____

Phone #: _____

School Health Aide: _____

Description of Students Medical Concern(s):

IN AN EMERGENCY:

IF THE STUDENT IS IN DANGER, CALL 911 IMMEDIATELY!

| If you observe: | Then you should: |
|---|--|
| <ul style="list-style-type: none">• Brief blackout or confused behavior• Grunting/Snorting, Drooling/Frothing• Loss of bladder or bowel control• Loss of consciousness• Vigorous muscle spasms• Twitching or jerking• Temporary absences of breathing | <p>Call dispatch and notify parent immediately. Monitor student and note the length of the seizure. Loosen any lap belts or straps. If seizure last longer than 5 minutes, call 911.</p> <p>If student is in respiratory distress and is having trouble breathing, call 911 immediately. Do not leave student alone. Contact District Nurse or School Health Aide as soon as possible.</p> |

The information provided above is NOT a health care plan but reflects emergency guidance for students with an Asthma Health Care Plan. More detailed plans are available and training may be provided by the District Nurse. This document should be used as an emergency reference only and needs to be readily available to anyone driving or attending to the bus.

Parent Signature: _____

Date: _____

**If available, please attach a current picture of the student to this form.*