STUDENT EMERGENCY HEALTH CARE PLAN FOR SEIZURES
TRANSPORTATION DEPARTMENT Bus #_____

Name_____DOB_____

Address_____Grade____Teacher_____

School_____School Nurse_____

Parent/Guardian _____Phone (home)_____

(work)_____ (cell)_____

Other Contact_____Phone_____

Health Care Provider: _____Phone_____

Special Health Needs/Procedures/Medications_____

_____

Emergency Plan

If you see this:	Do This:
Seizure activity-jerking of arms or legs, increased muscle tone, unresponsive, staring episode	1. Keep student safe, place something soft under head. 2. Call Transportation Department to contact nearest school or student's school. 3. CPR if indicated. 4. Call 911 if seizure lasts longer than 5 minutes. 5. Do not put anything in the student's mouth.