



Kimberly Area School District Health Services

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Student's Name:			DOB:	Date:
School Attending:			Grade:	
Health Condition: Seizure – Emergency Care				
Seizure Type	Length	Frequency	Description	
Seizure triggers or warning signs:				
Student's response after a seizure:				
<p style="text-align: center;"><u>Basic Seizure First Aid</u></p> <ul style="list-style-type: none"> Stay calm and track time Keep child safe Do not restrain Do not put anything in mouth Stay with child until fully conscious Record seizure in log <p>For tonic-clonic seizure:</p> <ul style="list-style-type: none"> Protect head Keep airway open/watch breathing Turn child on side 		<p style="text-align: center;"><u>A Seizure is Generally Considered an Emergency When</u></p> <ul style="list-style-type: none"> Convulsive (tonic-clonic) seizure lasts longer than 5 minutes Student has repeated seizures without regaining consciousness Student is injured or has diabetes Student has a first-time seizure Student has breathing difficulties Student has a seizure in water <p style="text-align: center;"><u>Call ambulance if</u></p> <ul style="list-style-type: none"> Emergency medication is given. Seizure lasts longer than 5 minutes or seizure lasts less than 5 minutes and is followed by another seizure. Parent or emergency contact can not be reached 		
A "seizure emergency" for this student is defined as:				
Emergency Medication	Dosage	Common Side Effects & Special Instructions		
Has Emergency Medication ever been administered? Yes _____ No _____ If YES , date of last dose:				
Medication Consent: I hereby give permission to designated trained school personnel to give medication to my child during the school day, including when away from school property on official school business, according to the written instructions of the doctor as shown on this form. I also hereby agree to give my permission to the school nurse and/or school personnel to contact the child's physician if needed. I hereby give permission to designated school personnel to notify other appropriate school personnel and classroom teachers of medication administration and possible adverse effects of the medication. I further agree to hold the Kimberly Area School District, and the KASD employee(s) who is (are) administering the medication harmless in any or all claims arising from the administration of this medication at school. I agree to notify the school at the termination of this request or when any change in the above orders is necessary.				
I have reviewed the health plan for my child. (Please choose below) <input type="checkbox"/> The plan is correct as written. <input type="checkbox"/> The plan is correct with the changes noted above.				
Student health information/plans are shared via email, copies and/or staff meetings with grade level teachers, coaches, and office staff.				
Elementary/Intermediate Students ONLY: Yes _____ No _____ I would also like ALL school staff to be aware of my child's health condition via powerpoint presentation at an ALL school staff inservice.				
Parent's Signature:			Date:	
Physician's Signature:			Date:	
Revised 02/2023				
Principal's Initials:				

Student Name:			
Date & Time			
Seizure Length			
Pre-Seizure Observation (Briefly list behaviors, triggering events, activities)			
Conscious (yes/no/altered)			
Injuries (briefly describe)			
Muscle Tone/Body Movements	Rigid/clenching		
	Limp		
	Fell down		
	Rocking		
	Wandering around		
	Whole body jerking		
Extremity Movements	(R) arm jerking		
	(L) arm jerking		
	(R) leg jerking		
	(L) leg jerking		
	Random Movement		
Color	Bluish		
	Pale		
	Flushed		
Eyes	Pupils dilated		
	Turned (R or L)		
	Rolled up		
	Staring or blinking (clarify)		
	Closed		
Mouth	Salivating		
	Chewing		
	Lip smacking		
Verbal Sounds (gagging, talking, throat clearing, etc.)			
Breathing (normal, labored, stopped, noisy, etc.)			
Incontinent (urine or feces)			
Post-Seizure Observation	Confused		
	Sleepy/tired		
	Headache		
	Speech slurring		
	Other		
Emergency Medication Given? (time given)			
Length to Orientation			
Parents Notified? (time of call)			
EMS Called? (call time & arrival time)			
Observer's Name			