



Arrowhead High School

Seizure Disorder Care Plan

700 North Avenue Hartland, WI 53029 Phone 262-369-3611 extension 4108 Fax 262-367-4693

Student's Name:	Medication:
Bus Student: Yes No Bus number: _____	Authorization is hereby granted to release this information to classroom teachers, AHS personnel and bus personnel. Circle one: Yes or No
Special Instructions: <ol style="list-style-type: none">1. Call the health room (4108 for north and 4208 for south).2. Protect the student from hitting chairs, desks by moving them away and place soft object under head.3. Do not restrain or put anything in the mouth.4. Position on their side, if possible, to prevent choking on saliva or vomit.5. Observe the time the seizure started and stopped and any movement of extremities.6. The nurse will call parents.7. The nurse will call 911 if the seizure last longer than 5 minutes, student experiences a head injury or if the seizure is followed by a second seizure.	
Parent Signature:	Date: