FORM 7 – SEIZURE MANAGEMENT & EMERGENCY RESPONSE PLAN

Name:	**Date of birth:**	**Year:**	☐ Day student ☐ Boarding student

Type/s of seizures:

Date of first seizure:

Section A: Medication for seizure management

Note: all medication must be provided by parent/carer AND this form to be completed by parent/carer

Does your child require medication to be administered regularly at school?

☐ Yes ☐ No

If yes, complete the table below.

If no, proceed to emergency medication table and complete.

Instructions for administration of regular medication:

	Medication 1	**Medication 2**	**Medication 3**
Name of medication			
Expiry date			
Dose			
Time(s) or frequency			
Duration *(dates medication is required)*	Start: End:	Start: End:	Start: End:
Route of administration	☐ Oral ☐ Injection ☐ Topical ☐ Other:	☐ Oral ☐ Injection ☐ Topical ☐ Other:	☐ Oral ☐ Injection ☐ Topical ☐ Other:
Administration	☐ By self ☐ Requires assistance	☐ By self ☐ Requires assistance	☐ By self ☐ Requires assistance
Storage instructions	☐ Stored at school ☐ Kept & managed by self (*Emergency medication only - EpiPen, Ventolin, etc.)*	☐ Stored at school ☐ Kept & managed by self *(Emergency medication only - EpiPen, Ventolin, etc.)*	☐ Stored at school ☐ Kept & managed by self *(Emergency medication only - EpiPen, Ventolin, etc.)*
Storage conditions	☐ Keep out of sunlight ☐ Refrigerate ☐ Other:	☐ Keep out of sunlight ☐ Refrigerate ☐ Other:	☐ Keep out of sunlight ☐ Refrigerate ☐ Other:

Are there any other precautions?

Section B: Seizure management

Step 1	Remain calm. Remain with the student.
Step 2	Remove furniture or objects that could cause harm – do not restrain the student.
Step 3	Record the length of the seizure and what happens during the seizure.
Step 4	**Do not attempt to put anything into the child's mouth or between the teeth. (The exception may be the use of specified medications such as buccal**

	midazolam which may need to be administered in an emergency if indicated in Section D.)
Step 5	When the seizure ceases, gently roll the student on to their side (recovery position).
Step 6	Stay with the student until they regain consciousness and they're able to communicate. Advise parents/carers.

Section C: Emergency management

Call an ambulance if:

- The seizure lasts more than 5 minutes
- Another seizure occurs immediately after the last
- The student sustains an injury
- If there is concern regarding the student's cardio-respiratory status
- In doubt/concerned

Section D: Administration of emergency medication

	Medication 1	**Medication 2**
Name of medication		
Expiry date		
Dose		
Time(s) or frequency		
Route of administration	☐ Buccal ☐ Injection ☐ Nasal ☐ Rectal ☐ Other:	☐ Buccal ☐ Injection ☐ Nasal ☐ Rectal ☐ Other:
Any other specific instructions?	☐ Yes ☐ No If yes, please describe:	☐ Yes ☐ No If yes, please describe:
Storage instructions	☐ Stored at school ☐ Kept & managed by self *(Emergency medication only - EpiPen, Ventolin, etc.)*	☐ Stored at school ☐ Kept & managed by self *(Emergency medication only - EpiPen, Ventolin, etc.)*
Storage conditions	☐ Keep out of sunlight ☐ Refrigerate ☐ Other:	☐ Keep out of sunlight ☐ Refrigerate ☐ Other:

Section E: Authority to act

This seizure management and emergency response plan authorises school staff to follow my/our advice and/or that of our medical practitioner. It is valid for one year or until I/we advise the school of a change in my/our child's health care requirements.

Name of parent/carer:

Signature of parent/carer:

Date:

Name of medical practitioner:

Medical practice details:

Signature of medical practitioner: Date:
Review date:
When complete, please attach the student health care summary form to the front of this document and return to your child's school.

OFFICE USE ONLY	
Date received:	Date uploaded on Compass:
Medication storage location:	
Is specific staff training required? ☐ Yes ☐ No	
Type of training:	
Training service provider:	
Name of person/s to be trained:	
Date of training:	
When this course of medication concludes, please retain this form in the student's file.	