

Individualized Health Care Plan for Epilepsy

Student Name _____ DOB _____ Age _____ Grade _____

Diagnosis _____
How could this affect learning?

Explain the kind of seizure and what the seizure looks like.

Care and Medication

Care needed to prevent seizure?

What medication is given at school and any instructions?

Observations of the teachers and staff that indicate there is a problem:

Unusual fatigue or clumsiness, lethargy, severe nausea, should be reported to the parents.

Fill out the following if there are special accommodations for each.

Exercise

Diet

Field trips and after school activities

Other

Emergency Care

Implement the "Emergency Management of Seizures"

Specific emergency care needed for this child:

Student's responsibility (Explain)

Name of school nurse or designated health care contact _____

___ The staff received education.

Parent _____

Student (if appropriate) _____

Principal _____

Nurse or Health Care contact _____

Teacher _____

Coach _____

Before/After Program Coordinator _____ Date _____

Physician _____ Date _____

Ref: "Texas Guide to School Health Programs", Texas Department of Health, School Health