SEIZURE INDIVIDUAL HEALTH CARE AND EMERGENCY TREATMENT PLAN

Child's Name	Today's Date
Parent's Name	Parent's Emergency Phone Number
Child's Physician's Name	Child's Physician's Office Phone Number

STEPS TO TAKE DURING A SEIZURE

1. KEEP CALM.
2. KEEP MOUTH AND AIRWAY CLEAR.
3. TURN CHILD ON SIDE IF POSSIBLE.
4. DO NOT RESTRAIN. CLEAR FURNITURE AND OTHER OBJECTS AWAY FROM CHILD.
5. TIME, OBSERVE AND RECORD WHAT HAPPENS.
6. PROVIDE REASSURANCE TO THE CHILD AS THEY RECOVER.

WHEN SEIZURES REQUIRE TREATMENT:

TYPE OF SEIZURE	DESCRIPTION	WHAT TO DO

"AS NEEDED" TREATMENTS (MAGNETS, MEDICATIONS, ETC.) TO USE IN CASE OF ABOVE LISTED SEIZURES:

NAME OF TREATMENT	HOW MUCH TO GIVE	WHEN TO GIVE	HOW TO GIVE

SEEK EMERGENCY MEDICAL TREATMENT IF: (PHYSICIAN, CHECK ALL THAT APPLY)

- ☐ GENERALIZED SEIZURE LONGER THAN 5 MINUTES
- ☐ TWO OR MORE SEIZURES WITHOUT RECOVERING BETWEEN SEIZURES
- ☐ "AS NEEDED" TREATMENTS DON'T WORK
- ☐ INJURY OCCURS OR IS SUSPECTED
- ☐ SEIZURE OCCURS IN WATER
- ☐ BREATHING, HEART RATE OR BEHAVIOR DOESN'T RETURN TO NORMAL
- ☐ UNEXPLAINED FEVER OR PAIN HOURS AFTER SEIZURE
- ☐ OTHER_____

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SPECIAL INSTRUCTIONS: _____

_____ _____ _____

Physician's Signature Date | Parent/ Guardian's Signature Date | Sprouts Staff Signature Date