WAPPINGERS CENTRAL SCHOOL DISTRICT
Empower Challenge Grow
Roy C. Ketcham High School
99 Myers Corners Road Wappingers Falls, NY 12590 (845) 298-5100 x31023 Fax (845) 298-5055

SEIZURE MEDICATION AND RELEASE FORM FOR SCHOOL AND ATHLETICS
FOR PROVIDER USE ONLY

Patient Name: _____ DOB:_____

Diagnosis: _____

Does the student require rescue medication for school and sports:

☐ ***Yes***
Name of Medication: _____
Route, Dose, Time & Frequency: _____

☐ ***No***

A Nurse is required for field trips ☐ Yes ☐ No

Notes:_____

Provider Name _____ Provider Role: ☐ MD/DO ☐ PA ☐ NP

Signature _____ Date _____

Stamp:

Parent/Guardian Permission

☐ I give permission to have the School Nurse/designated school personnel administer the prescribed medication as above during regular school hours.

☐ I have provided the seizure action plan completed by a provider to the Health Office.

The medication is to be administered as ordered during the current school year _____/_____. Any changes to the medication order from the physician will be given, in writing, to the school nurse.

I hereby give permission to the school nurse or designated school personnel for appropriate communication with the ordering physician.

I hereby release the school nurse or designated school personnel and the Board of Education of any liability relative to the administration and/or reaction of the medication on the above named student.

I agree for all athletic activities, practices and games:

□ ***To be present at the location of the events listed above for my child***

□ ***To administer the seizure rescue medication in the event of a seizure to my child***

Parent/Guardian Signature _____ Date: _____

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SEIZURE ACTION PLAN

FOR PROVIDER USE ONLY

Patient Name _____ **DOB** _____ **Diagnosis:** _____

SEIZURE INFORMATION

Seizure	Length	Frequency	Description

Seizure triggers or warning signs:

Response after a seizure:

BASIC FIRST AID

Please describe basic first aid procedures:

Does the individual need to leave after a seizure? If YES, describe process for return:

Basic Seizure First Aid

- Stay calm & track time
- Keep individual safe
- Do not restrain
- Do not put anything in mouth
- Stay with individual until fully conscious
- Record seizure in log

For tonic-clonic seizure:

- Protect head
- Keep airway open/watch breathing
- Turn individual on side

EMERGENCY RESPONSE

A "seizure emergency" for this student is defined as:

Seizure Emergency Protocol (Check all that apply & why)

- ☐ Contact nurse at _____
- ☐ Contact 911 for transport to _____
- ☐ Notify parent or emergency contact
- ☐ Administer emergency medications as indicated below
- ☐ Notify doctor
- ☐ Other _____

A seizure is considered an emergency when:

- A Convulsive (tonic-clonic) seizure lasts longer than 5 minutes
- Individual has repeated seizures without regaining consciousness
- Individual is injured, pregnant, or has diabetes
- Individual has a first-time seizure
- Individual has breathing difficulties
- Individual has a seizure in water

TREATMENT PROTOCOL ☐ *No Rescue medication is needed for participation in school and/or sports activities*

Emergency Med.	Medication	Dosage & Time Given	Side Effects & Instructions

☐ ***Able to fully participate in Physical Education/Sports without restriction***

☐ ***Other:*** _____

Provider Name _____ Provider Role: ☐ MD/DO ☐ PA ☐ NP

Signature _____ Date _____

Stamp:

The mission of the Wappingers Central School District is to empower all of our students with the competencies and confidence to challenge themselves, to pursue their passions, and to realize their potential while growing as responsible members of their community.