

Seizure Orders from Physician

Name _____ DOB _____ School _____ Grade _____

Physician _____ Office Phone _____ Fax _____

Diagnosis/specific seizure type _____

Age of Dx _____ Last MD visit _____ Co existing diagnosis _____

Medications at home _____

Medication at school _____

Diastat ordered ? Yes _____ No _____ Please supply school with specific instructions.

Vagal Nerve Stimulator ? Yes _____ No _____ Please supply school with specific instructions.

When was the last known seizure? _____

How often does the child have seizures? _____

How long does a typical seizure last? _____

Activity instruction/restrictions: _____

Transportation issues: _____

- If the student has a seizure that lasts 5 minutes or longer, call EMS.
- If the student has back to back seizures lasting 5 minutes or longer, call EMS.
- If Diastat is ordered for emergency and Diastat is given then EMS must be called after medication is dispensed.
- If the parent cannot be reached and the child has more than 1 seizure in a 30-minute period, EMS must be called.
- If the student has more than one seizure the parent must come and pick up the student from school. (There may be reasonable exceptions, please list below.)
- Notify parent with each and every seizure.

Specific concerns/requests/orders/recommendations/exceptions or changes to above:

Physician's signature _____ Date _____