



**Dr. Geneva Walters**  
Superintendent

## HEALTH PLAN

<b>Student Name:</b>
<b>Date of Birth:</b>

### PROGRAM:

**Relevant Health Information (i.e. medical diagnoses, projected health needs):**

**Administration/Medical Procedure/Treatment (at school)**

Medication/ Treatment	Dosage	Time/Frequency	Route	Reason

### Additional information

#### Follow seizure care per the Epilepsy Foundation:

- A. Never force anything into the mouth
- B. Loosen tie, collar, or tight clothing around the neck
- C. Place something soft under the head
- D. Let the person rest if necessary
- E. Never restrain a person's movement
- F. When you are able, turn the person on his/her side to allow saliva to drain and to ease breathing

#### Call 911 if (unless specified per a written physician's order):

- A. This is the first known seizure
- B. The seizure lasts more than five minutes
- C. The seizure is followed by other seizures (status epilepticus)
- D. The person sustains an injury

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School Nurse Signature

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Date Completed