



SAINT CHARLES SCHOOL DISTRICT
TRANSPORTATION EMERGENCY ACTION PLAN
Seizures

Student _____ Grade _____

Type of seizure: _____

Average length: _____

Frequency: _____

Warning signs: _____

Description: _____

Medications: _____

PROCEDURE FOR MANAGING A TONIC-CLONIC SEIZURE ON THE BUS

1. Park bus in safest location possible
2. Turn student on side. If in wheelchair, make sure seatbelt is fastened loosely to prevent fall to floor.
3. Cushion head, protect body from injury
4. Monitor breathing
5. Do not put any objects in mouth
6. Do not restrain student
7. Stay with student duration of seizure
8. Call dispatcher to contact parent or emergency contact and for further instructions
9. Continue bus once student has recovered and is alert

What actions would you like taken if you child has a seizure on the bus?

(continued on back)

911 will be called for:

First time seizure

Any seizure lasting more than 5 minutes

Repeated seizures

Parent request for emergency evaluation, or as directed by student's physician

Parent or emergency contact is unavailable

CONTACT NUMBERS:

Mother's Name: _____

(H) _____ (W) _____ (C) _____

Father's Name: _____

(H) _____ (W) _____ (C) _____

If parents cannot be reached:

1) Contact: _____

(H) _____ (W) _____ (C) _____

2) Contact: _____

(H) _____ (W) _____ (C) _____

Physician name: _____

Physician office number: _____

I give permission for this information to be shared as needed with school district personnel.

Parent Signature _____

Date _____

Nothing in this Plan is intended to prevent a call to 911 in the event the school district employee or other district decision makers deem such call to be in the best interest of the child.

THIS FORM MUST BE COMPLETED YEARLY

Seizure Observation Record

Student Name:			
Date & Time			
Seizure Length			
Pre-Seizure Observation (Briefly list behaviors, triggering events, activities)			
Conscious (yes/no/altered)			
Injuries? (briefly describe)			
Muscle Tone/Body Movements	Rigid/clenching		
	Limp		
	Fell down		
	Rocking		
	Wandering around		
	Whole body jerking		
Extremity Movements	(R) arm jerking		
	(L) arm jerking		
	(R) leg jerking		
	(L) leg jerking		
	Random Movement		
Color	Bluish		
	Pale		
	Flushed		
Eyes	Pupils dilated		
	Turned (R or L)		
	Rolled up		
	Staring or blinking (clarify)		
	Closed		
Mouth	Salivating		
	Chewing		
	Lip smacking		
Verbal Sounds (gagging, talking, throat clearing, etc.)			
Breathing (normal, labored, stopped, noisy, etc.)			
Incontinent (urine or feces)			
Post-Seizure Observation	Confused		
	Sleepy/tired		
	Headache		
	Speech slurring		
	Other		
Length to Orientation			
Parents Notified? (time of call)			
EMS Called? (call time & arrival time)			
Observer's Name			

Please put additional notes on back as necessary.