Loudoun County Public Schools
Seizure Emergency Action Plan / Physician's Order

Place Student's Picture Here

Student's Information

Last Name: _____ First Name: _____ DOB: _____

Student ID # _____ School: _____ Grade: _____

Parent/Guardian: _____ Cell: _____ SY: _____

Seizure History

To be completed by a Licensed Healthcare Provider (Physician, Physician's Assistant, or Nurse Practitioner)

Seizure Type (Check all that apply)	Description of Seizure	A seizure emergency for this student is:
Generalized Non-Motor ☐ Absence seizure **Generalized Motor:** ☐ Atonic (drop) ☐ Tonic/Clonic (grand mal) ☐ Myoclonic **Focal Seizures** ☐ Focal Aware (simple partial) ☐ Focal Impaired (complex partial)	Area of Body Involved: _____ Frequency: _____ Duration: _____ **Seizure History / Medical Diagnosis:**	☐ Continual seizure lasting greater than _____ minutes ☐ _____ (# seizures in) _____ minutes ☐ other _____

Seizure Triggers:

☐ None ☐ Missed Seizure Medication ☐ Physical Stress ☐ Emotional Stress ☐ Missing Meals
☐ Unknown ☐ Illness with high fever ☐ Menstrual Cycle ☐ Physical Stress ☐ Lack of Sleep
☐ Flashing Lights ☐ Response to specific food, or excessive caffeine, specify: _____ ☐ Other, specify: _____

Warning Signs - Symptoms that signal a seizure may be starting:

☐ Headache ☐ Staring Spells ☐ Confusion ☐ Dizziness ☐ Change in Vision/Auras
☐ Strange Smell ☐ Sudden Feeling of Fear or Anxiety ☐ Other, specify: _____

Emergency Response Plan

Emergency Medication	Dose	Instructions/ Actions
☐ Rectal Diazepam/Diastat		☐ Administer _____ for a continual seizure lasting greater than ____ minutes ✓ Call 911 ✓ Notify Parent ☐ Administer _____ for _____ (# of seizures) in _____ minutes ✓ Call 911 ✓ Notify Parent ☐ Other: _____ ☐ Call 911 ☐ Notify Parent
☐ Clonazepam – Buccal		
☐ Clonazepam – Sublingual		
☐ Midazolam – internasal		
☐ Other:		
☐ Vagus Nerve Stimulator		Describe magnet use:

Healthcare Provider's Name (Print/stamp): _____

Healthcare Provider's Signature: _____ Date: _____

National Provider Identifier (NPI): _____ Phone: _____

Parent/Guardian Name: _____ Phone: _____

My signature gives permission for principal's designee to follow this plan, administer prescribed medication, and contact healthcare provider if necessary. I also agree to pick up any unused medication at the end of the school year. I understand that medication not picked up by a parent/guardian at the end of the school year will be discarded.

Parent/Guardian Signature: _____ Date: _____

Parent Information About Medication Procedures

1. **Medications should be taken at home** whenever possible so that the student does not lose valuable classroom time.
2. **The first dose of any NEW medication must be administered at home.**
3. If it is absolutely necessary for the student to take medication at school, an "**Authorization for Medication Administration" form** must be received for each medication and must be submitted to the Health Office staff with the medication to be administered at school. Use the appropriate form for asthma, allergy, seizure and diabetes medications. Medication will not be accepted without the appropriate form.
4. **Parents must provide written instructions from the healthcare provider for prescription medication to be administered by LCPS staff.** The "Authorization for Medication Administration" form is preferred, but the healthcare provider may use office stationary or a prescription pad with the following information:
   - Student's name and date of birth
   - Name and purpose of medication
   - Dosage, time & route of administration
   - Duration of medication order/effective dates
   - Possible side effects/actions to take if these occur
   - Healthcare provider's signature/date
5. **Medications must be brought to the Health Office by a parent/guardian** (LCPS policy 8420) per Virginia Code 22.1-274. Students with diabetes, asthma, or life-threatening allergies may carry the following medications (insulin, glucagon, inhalers, epinephrine auto-injectors) throughout the school day with the written consent of the physician, school nurse and parent/guardian as indicated on the "Physician Order/Action Plan." Otherwise, students are not permitted to transport medications to and from school or carry any medication while in school.
6. **Medication Containers:**
   - Prescription medications- must be in the original pharmacy bottle with proper label containing:
     - Student's name
     - Name of medication
     - Time to be given
     - Dose / amount to be administered
     - Healthcare provider's name
     - Date
   - Non-prescription medications (OTC- over-the-counter) - must be in the original packaging and include dosage instructions.
7. Prescription information on bottle label must match the healthcare provider's information on the "Authorization for Medication Administration" form. **Ask the pharmacy to provide a properly labeled bottle for school.**
8. Staff will not cut/break pills. Parents/Guardians should cut/break pills or request the pharmacy to cut pills into the correct dose.
9. Medication must be given in its original form unless written directions from the healthcare provider states otherwise. For example- open capsule or crush pill and mix with applesauce/yogurt, etc.
10. Medications will be given no more than 30 minutes before or after the prescribed time.
11. Non-prescription medication will only be administered according to directions on the bottle or box. If a higher dosage is required, the "Authorization for Medication Administration" form must be completed and signed by the healthcare provider.
12. Medication must be stored and administered in the health office unless the criteria for self-carry are met.
13. A new "Authorization for Medication Administration" form is required at the start of the school year and each time there is a change in the dosage or time at which a medication is to be taken.
14. Parents/Guardians should not bring in more than a 60-day supply of prescription medicine at a time.
15. Any **herbal or natural alternative medications** (botanicals, oils, dietary or nutritional supplements, homeopathic medicine, phytomedicinals, vitamins, and minerals) require an "Authorization for Medication Administration" form signed by the healthcare provider and parent/guardian. LCPS does not administered drugs containing marijuana or CBD oil.

Unused medication MUST be picked up by a parent/guardian on the last day of school or it will be destroyed.