Epilepsy and seizure care plan

for schools, preschools and childcare services

CONFIDENTIAL

To be completed by the DOCTOR and the PARENT/GUARDIAN/ADULT STUDENT.
This information is confidential and will be available only to supervising staff and emergency medical personnel.

Name of child/student.....Date of birth .....
Family name (please print) First name (please print)

Medic Alert number (if relevant).....Review date .....

Description of usual seizure activity

Does the child/student have warning signs of seizure onset (eg sensations)? ☐ **Not known** ☐ **Yes** ☐ **No**
If yes, please describe.

.....

.....

Are there any known factors likely to trigger a seizure (eg illness, elevated temperature, flashing lights)? *If yes, please describe.* ☐ **Not known** ☐ **Yes** ☐ **No**

.....

.....

How long has the child/student been experiencing seizure activity? .....

How often does the child/student experience seizure activity?.....

How long since the last seizure?.....

Most common seizure activity

Observable signs
Please describe seizure activity, including characteristics and timeframes

- ☐ *Twitching*
- ☐ *Vomiting*
- ☐ *Jerking*
- ☐ *Eyes stare*
- ☐ *No loss of consciousness*
- ☐ *Blueness of lips*
- ☐ *Breathing complications*
- ☐ *Other*

Recovery time
(ie when ready to resume normal activities)
Please describe typical recovery, including detail of typical behaviour and timeframe.

- ☐ *Not known*
- ☐ ..... *Seconds*
- ☐ ..... *Minutes*
- ☐ *Slow, needing to sleep afterwards*
- ☐ *Other* .....

Other seizure activity

Observable signs
Please describe seizure activity, including characteristics and timeframes

- ☐ *Twitching*
- ☐ *Vomiting*
- ☐ *Jerking*
- ☐ *Eyes stare*
- ☐ *No loss of consciousness*
- ☐ *Blueness of lips*
- ☐ *Breathing complications*
- ☐ *Other*

Recovery time
(ie when ready to resume normal activities)
Please describe typical recovery, including detail of typical behaviour and timeframe.

- ☐ *Not known*
- ☐ ..... *Seconds*
- ☐ ..... *Minutes*
- ☐ *Slow, needing to sleep afterwards*
- ☐ *Other* .....