



Parents and the primary care provider must complete and submit this form to authorize Lexington Christian Academy (LCA) personnel. Parents must update the form prior to each year the student is attending LCA. For your reference, LCA's Medical Guidelines can be found on the back of this Seizure Action Plan.

STUDENT INFORMATION

Name: _____

Date of Birth: _____

Grade Level: _____

Allergies: _____

Emergency Contact: _____

FAMILY INFORMATION

Mother/Guardian: _____

Mother Cell Phone#: _____

Father/Guardian: _____

Father Cell Phone #: _____

Cell Phone #: _____

PARENT SIGNATURE: _____

DATE: _____

MEDICAL INFORMATION TO BE COMPLETED BY PHYSICIAN

SIGNIFICANT MEDICAL HISTORY (Please list below or provide additional documentation.)

SEIZURE INFORMATION

SEIZURE	LENGTH	FREQUENCY	DESCRIPTION

Seizure triggers or warning signs: _____

Medication for Aura: _____

Student's response after seizure: _____



BASIC FIRST AID: CARE & COMFORT

Does student need to leave the classroom after a seizure? ___ Yes ___ No

Does student self-carry medication? ___ Yes ___ No

BASIC SEIZURE FIRST AID

*Stay calm

*Keep child safe

*Do Not restrain

*Do not put anything in mouth

*Stay with child until fully conscious

*Record in log

For tonic-colonic seizure:

*Protect head

*Turn child on side

*Keep airway open / watch breathing

A SEIZURE IN GENERALLY CONSIDERED AN EMERGENCY WHEN:

*A convulsion (tonic-colonic) seizure lasts longer than 5 minutes

*Student has repeated seizures without regaining consciousness

*Student has a first-time seizure

*Student is injured or has diabetes

*Student has breathing difficulties

*Student has a seizure in water

EMERGENCY RESPONSE

A "seizure emergency" is defined as: _____

Seizure Emergency Protocol: (Check all that apply/clarify below)

___ Contact school nurse

___ Call 911 for transport to _____

___ Notify doctor

___ Administer emergency medications as indicated below

___ Other: _____

TREATMENT PROTOCOL DURING SCHOOL HOURS (Include daily and emergency medications.)

EMERGENCY MEDICATION	MAINTENANCE MEDICATION	DOSAGE & TIME OF DAY GIVEN	COMMON SIDE EFFECTS & SPECIAL INSTRUCTIONS

Does student have a Vagus Nerve Stimulator? ___ Yes ___ No If yes, describe magnet use: _____

SPECIAL CONSIDERATIONS AND PRECAUTIONS (regarding school activities, sports, trips, etc.)

Describe any special considerations or precautions:

Physician's Name: _____

Physician's Signature: _____ Date: _____

Physician's Phone #: _____

ALL MEDICATION WILL BE DISCARDED IF NOT PICKED UP BY MAY 31, 2024. THE ABOVE MEDICATION ORDER IS VALID FOR ONE YEAR FROM THE DATE SIGNED BY THE PHYSICIAN.



MEDICATION GUIDELINES

The administration of medication to students shall be done only in exceptional circumstances where the student's health may be jeopardized without it. Whenever possible, administration of medication should be done at home. (Medication prescribed three times per day can be given before school, after school, and at bedtime.) If a new medication is started, the first dose must be given at home, unless it is a rescue medication.

The school will adhere to the following guidelines as it pertains to medication:

1) Administration of prescription medication by school personnel must only be done according to the written order of a licensed prescriber and written authorization of parent / guardian and Licensed School Nurse, regardless of the student's age.

- Mixed dosages in a single container will not be accepted for administration at school.
- If a half tablet is required for a correct dosage, it is the parent's / guardian's responsibility to provide pre-cut tablets for administration at school.
- Altered forms of medication will not be accepted or administered at school.
- Narcotics / medical cannabis will not be administered at school.
- Aspirin-containing products will not be administered at school.
- Only FDA approved treatments will be provided at school. (No essential oils)

2) All medication (prescription and non-prescription) must be brought to and from school by a parent / guardian in its original container. The following information must be on the prescribed container label:

- Student's full name
- Name and dosage of medication
- Time and directions for administration at school
- Physician / licensed prescriber's name
- Date (must be current)

3) New consent from a licensed health care provider and parent / guardian signatures must be received each school year.

4) A new medication consent form is required when the medication dosage or time of administration is changed.

5) When a long-term daily medication is stopped, a licensed prescriber's order is requested.