



Plan of Care- Seizure Disorder

This form is completed by a parent, guardian, or caregiver to support a student with a seizure disorder in the AYS Program.

Process: Plan of Care forms are completed during enrollment to support each child’s success. When additional information or planning is needed, families may be invited to an intake meeting with the Site Leader and Regional Manager to discuss supports, answer questions, and set clear, shared expectations. Forms are valid for a period of two years.

Purpose: Staff readiness and student safety.

Student Information:

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|-------------------------|--|
| Student Name | |
| Date of Birth | |
| Age | |
| Program Site / Location | |
| Date Plan Completed | |
| Review Date | |

Condition Overview:

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| Seizure type: <input type="checkbox"/> Absence <input type="checkbox"/> Focal (Partial) <input type="checkbox"/> Generalized <input type="checkbox"/> Other (Please describe): | |
| Describe your child’s seizure disorder in your own words | |
| Does your child see a medical professional for this condition? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Name of Medical Professional and their specialty | |
| Medical professionals' contact information (phone number/ email address) | |

Medication support:

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| Does your child take any medications related to this condition? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| What medication (include dosage and time given) | |
| Would medication need to be given during the AYS program? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Would medication need to be given during non-school days while at AYS? | <input type="checkbox"/> YES <input type="checkbox"/> NO |

**Parents will need to complete a medication authorization form*

How does this condition affect your students' time at AYS:

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|---|--|
| How may seizures or related symptoms appear during program activities or routines? | |
| Typical duration of seizures: <input type="checkbox"/> Less than 1 minute <input type="checkbox"/> 1-3 minutes <input type="checkbox"/> Longer than 3 minutes <input type="checkbox"/> Varies (please explain): | |

Support and Accommodations:

| | |
|---|--|
| Supports or accommodations that help keep your child safe <input type="checkbox"/> Close supervision during activities <input type="checkbox"/> Activity modification as needed <input type="checkbox"/> Quiet/rest area available <input type="checkbox"/> Adult check-ins <input type="checkbox"/> Other accommodations: | |
|---|--|

Triggers/ Warning Signs:

| | |
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| Known seizure triggers <input type="checkbox"/> Fatigue <input type="checkbox"/> Stress <input type="checkbox"/> Flashing lights <input type="checkbox"/> Illness <input type="checkbox"/> Missed medication <input type="checkbox"/> Other: | |
| Warning signs or aura staff should watch for: <ul style="list-style-type: none">• Headache• Dizziness• Confusion• Unusual behavior | |

Staff Response Guidelines:

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| <p>Step-by-step staff response during a seizure</p> <p>The usual procedure at AYS for a child having a seizure:</p> <p>Absence or partial seizures</p> <ul style="list-style-type: none"> • Speak calmly and reassuringly to the child • Gently guide away from hazards • Stay with the child until they are completely aware of their surroundings • Monitor ABCs • Notify parent/guardian • If this is the first observation of a seizure, recommend evaluation by the primary health provider <p>Tonic-Clonic seizures</p> <ul style="list-style-type: none"> • Protect from nearby hazards • Loosen restrictive clothing • Protect head from injury • Turn on side to keep airway clear after the seizure • Monitor ABCs • Notify parent/guardian <p>If any of the following occur, Emergency Medical Services is requested:</p> <ol style="list-style-type: none"> 1. Seizure lasts more than 5 minutes 2. Seizure occurs in the water 3. If the child does not regain consciousness after a seizure 4. If the child has diabetes 5. The child has another seizure within 5 to 10 mins of the first seizure. | |
| <p>Post-seizure care instructions: (example: Rest, reassurance, hydration, monitoring)</p> | |

Emergency Procedures:

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| <p>When should staff call 911?</p> <p><input type="checkbox"/> Seizure lasts longer than ____ minutes</p> <p><input type="checkbox"/> Repeated seizures without recovery</p> <p><input type="checkbox"/> Breathing difficulty</p> <p><input type="checkbox"/> Injury occurs</p> <p><input type="checkbox"/> First known seizure</p> <p><input type="checkbox"/> Other:</p> | |
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Additional Information:

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| <p>Additional information you want staff to know</p> | |
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Parent/Guardian Signature:

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|-------------------------------|--|
| <p>Parent / Guardian Name</p> | |
| <p>Signature</p> | |
| <p>Date</p> | |