

Wills Point Health Services

Seizure Care Plan

Student Name: _____

Grade: _____ Age: _____ Date of birth: _____

Parent/Guardian Name: _____ Phone: _____

Healthcare Provider Treating Student: _____ Phone: _____

Does student have an emergency rescue medication for seizures? _____

Medication name: _____ Dosage/ Route: _____

Daily seizure medication taken at home: _____

Type of seizure: _____

Seizure looks like: _____

Likelihood/frequency of seizures: _____

Triggers and warning signs: _____

Usual length of seizure: _____

911 will be called if:

Absence of breathing and/or pulse

Seizure lasting longer than 2 minutes

Parent/Guardian Signature: _____

Physician Signature: _____

Printed Physician name and phone number: _____

This information **MAY/ MAY NOT** be shared with all WPISD staff for medical purposes.

This information **MAY/MAY NOT** be shared with students teachers.

Wills Point Independent School District does not discriminate against any student, employee or applicant for employment because of race, color, religion, gender, national origin, age, disability, pregnancy, military status, genetic information, political information, or on any other basis prohibited by law. Employment decisions will be made on the basis of each applicant's job qualifications, experience, and abilities