



HEAD START/EARLY HEAD START
 Tri-County Community Council, Inc.
 2499 Cypress St. Westville, FL 32464
 (850) 548-9900 FAX (850) 548-5644

SEIZURE EMERGENCY FORM

Diagnosis: _____

Child's Name: _____ Date: _____

Allergies: _____ Birth Date: _____

Parent/Guardian: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Health Care Provider: _____ Phone: _____

Medications: _____

CLASSROOM
Location of Medication: _____

CHILD-SPECIFIC EMERGENCIES: SEIZURE

If you see a child EXHIBITING	DO THIS
<ul style="list-style-type: none"> ➤ Stiffening ➤ Unusual activity ➤ Blinking/Staring spells ➤ Facial Movements ➤ Jerking/Shaking ➤ Loss of muscle Tone ➤ Nausea, vomiting, abdominal cramping ➤ Incontinence 	<ul style="list-style-type: none"> ➤ Never place anything in the mouth ➤ Do not attempt to restrain the child ➤ Protect the child from hazards/falls ➤ Turn child on his/her side ➤ Speak calmly and reassuringly ➤ Try to time the seizure activity ➤ Encourage slow, easy breathing ➤ Record seizure activity on Seizure Report Form ➤ Notify Parent/Guardian and Health Services Coordinator
<ul style="list-style-type: none"> ➤ If seizure continues more than _____ minutes or ➤ Signs of Respiratory Distress ➤ Blue/Gray Tones ➤ Two or more consecutive seizures ➤ Loss of Consciousness ➤ If consciousness does not return after seizure activity has ended 	<p>>> CALL 9-1-1 <<</p> <p>(or 9-9-1-1 or 9-9-9-1-1)</p> <p>> Notify Parent/Guardian & Head Start Director</p>

IF AN EMERGENCY OCCURS:

1. If the emergency is life threatening, immediately call 911.
2. Stay with the child or designate another adult to do so.
3. Call, or designate someone to call, the Parent/Guardian, Emergency Contact and Head Start Director @ (850) 548-9900.

Comments:

Health Services Coordinator Signature: _____ Date: _____

Parent/Guardian: Do you give permission to post this emergency plan in the classroom? ___ Yes ___ No

Parent/Guardian's Signature: _____ Date: _____