Student Name_____Attachment E

Bus # Driver: Route # Transportation Office Use ONLY if needed Medical File

Rochester Community Schools
SEIZURE Medical Action Plan (MAP)

Student Picture
Face only

Student's Name _____
Date of birth _____ **School** _____
Age _____ **Grade**_____ **Teacher**_____

Page one of this MAP is to be completed signed and dated by a parent/guardian.
Page two of this MAP is to be completed, signed and dated by the treating physician/licensed prescriber.
Without signatures this MAP is not valid. The parent/guardian is responsible for supplying all medication & any other supplies required.

CONTACT INFORMATION

	Call First	**Try Second**
Parent/ Guardian:	Name: _____	Name: _____
	Relationship: _____	Relationship: _____
Phone:	Home: _____	Home: _____
	Cell: _____	Cell: _____
	Work: _____	Work: _____

Call Third (If a parent/guardian cannot be reached)
Name: _____ Relationship: _____
Address: _____ Phone: _____

SEIZURE HISTORY

Seizure Type (please check all that apply)
Generalized: □ **Tonic Clonic** (grand mal) □ **Atonic** (drop attacks) □ **Myoclonic** □ **Absence** (petit mal)
Partial: □ **Simple** □ **Complex** (psychomotor/temporal lobe)
Other or Description of seizure_____

How long does a typical seizure last _____How often do seizures occur_____ Date of last seizure_____

Warning signs (aura) or triggers if any, please explain_____

Age when seizures were diagnosed_____ Date of last exam for this condition_____

Student on ketogenic diet □ YES □ NO Past history of surgery for seizures □ YES □ NO
Student's reaction to seizure _____
Does student need to leave the classroom after a seizure? □ YES □ NO
If yes, describe process for returning to classroom _____
Notify parent immediately for all seizure activity □ YES □ NO
Other instructions_____
Any special considerations or safety precautions:
_____

I agree to have the information in this two page plan shared with staff needing to know. I understand that my child's name may appear on a list with other students having seizures to better identify needs. I give permission to use my child's picture on this plan (if I did not supply a photo.) I give permission for trained staff to administer any medication ordered for seizure activity in this 2 page plan and to contact the ordering physician/licensed prescriber for clarification of this plan if needed.
☐**YES** ☐**NO** I have read the attached information regarding section 504 eligibility
☐**YES** ☐**NO** I wish to be contacted regarding a 504 evaluation

Parent/Guardian Signature_____Date_____

Action if student has a seizure

- **Stay calm & track time**
- **Keep child safe**
- **Do not restrain**
- **Do not put anything in mouth**
- **Stay with child until fully awake**
- **Record seizure in a log**

In addition for tonic-clonic (grand mal) seizure

- **Keep airway open/monitor breathing**
- **Protect head**
- **Turn child on side**
- **Follow medical orders (below)**
- **Follow directions of parent (page one of MAP)**

General Signs of a Seizure EMERGENCY

- **Convulsion (tonic-clonic/grand mal) longer than 5 minutes** or per 911 instructions below in Order
- **Student has repeated seizures (starts another seizure right after the first)**
- **Student is injured or has diabetes**
- **Student has a seizure in water**

Action

CALL 911

- ✓ **Stay with the student until help arrives**
- ✓ **Call parent/guardian**
- ✓ **CPR if needed**

Location(s) of Emergency Medication (if ordered below) in the school:

_____

Physician/Licensed Prescriber Order & Agreement with Protocol (as outlined in this 2 page plan)

☐ **Administer Diastat® rectal gel for seizure lasting longer than _____ minutes. Dose_____**
See package instructions. Other instructions: _____

☐ **Administer_____for a seizure lasting longer than_____minutes. Dose_____**
Administration instructions_____
Other instructions_____

Does student have a Vagal Nerve Stimulator ☐ YES ☐NO (if YES, please describe magnet use)
_____

Call 911 if: (please check and complete)

- ☐ **Seizure does not stop by itself within _____ minutes**
- ☐ **Anytime medication is given to stop a seizure**
- ☐ **Only if seizure does not stop within _____minutes after giving medication**
- ☐ **Other directions:**

  _____

Physician/Licensed Prescriber's Name_____

Phone number_____ FAX number_____

Signature_____Date_____

Rochester Community Schools
Section 504 Notice of Procedural Safeguards

The following is a summary description of the rights provided by Section 504 of the Rehabilitation Act of 1973 to students with disabilities, or suspected disabilities, as well as certain rights you have under other laws. These include the Individuals with Disabilities Education Act (IDEA) and the Family Education Rights and Privacy Act (FERPA). The intent of the law is to keep you informed about decisions concerning your child, to have you be an active participant in the educational planning for your child, and to inform you of your rights in the event you disagree with any decisions concerning your child's rights under Section 504.

You have the right to:

1. Have the Rochester Community Schools advise you of your rights under federal law;
2. Receive notice with respect to: a) Section 504 identification, evaluation, and/or eligibility determinations of your child; b) your procedural safeguards; c) your opportunity to examine relevant records with regard to your child; and d) your right to an impartial due process hearing, including the right to participate, and be represented by legal counsel, but at your own expense, as well as to request a review of the decision of an impartial hearing officer.
3. Have evaluation, educational programming, and placement decisions made based upon a variety of information sources, and by a team of persons who are knowledgeable about the student, the evaluation data, and placement options;
4. Examine education records related to your child, including those concerning the decisions regarding your child's Section 504 identification, evaluation, educational program, and placement;
5. Obtain copies of educational records at a reasonable cost, unless the fee would effectively deny you access to the records;
6. Receive a response from the Rochester Community Schools to reasonable requests for explanations and interpretations of your child's records;
7. Request an amendment of your child's educational records if there is reasonable cause to believe that they are inaccurate, misleading, or otherwise in violation of the privacy rights of your child. If the Rochester Community Schools refuses this request for amendment, the School District will notify you within a reasonable time and advise you of your right to an impartial hearing;
8. Have your child receive a free appropriate public education, including related services, if he/she is found to be a qualified student with a disability. The services will be without cost to you or your child, except for those fees that are imposed on non-disabled students or their parents or guardians.
9. Have your child take part in, and receive benefits from, the School District's education programs without discrimination because of his/her disabling condition(s);
10. Have your child be educated with non-disabled students to the maximum extent appropriate. This includes the right to have the Rochester Community Schools make reasonable accommodations to allow your child an equal opportunity to participate in school and school related activities;
11. Have your child educated in facilities and receive services comparable to those provided non-disabled students;
12. Have transportation provided to and from an alternative placement setting at no greater cost to you than would be incurred if the student were placed in a program operated by the Rochester Community Schools;
13. Have your child be given an equal opportunity to participate in nonacademic and extracurricular activities offered by the Rochester Community Schools;
14. Request an impartial due process hearing regarding the Section 504 identification, evaluation, eligibility, placement or provision of a Free Appropriate Public Education ("FAPE") for your child.
15. File a complaint in accordance with the Rochester Community Schools' Section 504 grievance procedure.