



academy of fine arts

1640 NW 19<sup>th</sup> Ave, Portland, OR 97209 Office: 503-973-5815 Fax: 503-225-2787 [www.phameacademy.org](http://www.phameacademy.org)

## Student Seizure Protocol Form

(Please Print Clearly)

Date Provided: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

(1) Please describe the seizure type and what the seizure looks like. If the Student experiences more than one type of seizure, please list all and label them - Type A, Type B, etc.

( ) **Continued on Back.**

(2) Are there any events that tend to trigger a seizure?

( ) NO ( ) YES If Yes – Please Describe:

( ) **Continued on Back**

(3) Does the Student display any warning signs that he/she is about to have a seizure?

( ) NO ( ) YES If Yes – Please Describe:

( ) **Continued on Back**

(4) How long does the typical seizure usually last? \_\_\_\_\_

**After the seizure:**

- The Student will generally be responsive within \_\_\_\_\_ minutes
- The Student will return to their normal color and appearance within \_\_\_\_\_ minutes
- The Student may be: (ie: tired, hungry, anxious, embarrassed, etc.)

( ) **Continued on Back**

If a seizure occurs, PHAME staff will immediately ensure the Student is safe. This may include: padding any body parts that may be convulsing, loosening restrictive clothing, and making sure the Student is in a safe place (for example, if the seizure activity begins while the Student is in the water or in the street, the Student will be moved as quickly and as gently as possible to a safer location). The PHAME staff will also time the seizure. **Please indicate any further instructions you would like us to follow in the event of a seizure:**

( ) **Continued on Back**

**A PHAME STAFF MUST STAY WITH THE STUDENT FOR A MINIMUM OF 30 MINUTES FOLLOWING A SEIZURE. THE PHAME STAFF WILL IMMEDIATELY CALL 911** and then notify the Student's emergency contact without fear of retaliation if any of the following occur:

**Please fill in the appropriate information regarding Student's seizure history**

- -the seizure lasts longer than \_\_\_\_\_ minutes
- -the Student experiences \_\_\_\_\_ or more seizures in a 30 minute period
- -the Student experiences \_\_\_\_\_ or more seizures without becoming responsive in between
- -the Student is still unresponsive after \_\_\_\_\_ minutes following a seizure
- -the Staff is in any doubt of the Student's health or safety

**I have read and agree with the above Seizure Protocol:**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

