



Gladewater ISD

Health Services

Seizure Guidelines

Dear Parent/Guardian,

Gladewater ISD Board of Trustees and school administrator's main concern is regarding the safety, health, and wellbeing of the students within the district. We would like to ensure the safest environment possible for each student while they are on our campuses.

Senate Bill (SB) [1506](#), 88th Texas Legislature, Regular Session, 2023, amended Texas Education Code (TEC) [§38.032](#) requiring TEA to post on the agency's website a form to be used to submit a seizure management and treatment plan that includes specific information and the signatures of the student's parent or guardian and the physician responsible for the student's seizure treatment. The required form can be found below.

This change in law only applies to a seizure management and treatment plan submitted to a school district **on or after January 1, 2024**.

The form must be submitted to the campus nurse;

- (A) before or at the beginning of the school year;
- (B) on enrollment of the student, if the student enrolls in the district after the beginning of the school year; or
- (C) as soon as practicable following a diagnosis of a seizure disorder for the student.

Please help us ensure the safety of our students at GISD.

Thank you,

Marissa Blanco, BSN RN

District Nurse

Reviewed 2/2024

Seizure Management and Treatment Plan Form



This form is designed to help create a plan for managing student seizures. It consists of questions about seizure history, medications, precautions, and other considerations. This form should be completed jointly by the student's parents and treating physician and provided to the campus nurse or other appropriately identified personnel.

Student Name: _____ **Date of Birth:** _____ **Date:** _____

Parent/Guardian: _____ **Phone:** _____ **Email:** _____

Emergency Contact/Relationship: _____ **Phone:** _____ **Email:** _____

Seizure Information

Seizure Type	Length (How long it lasts)	Frequency (How often)	What Happens During a Seizure

Known Seizure Triggers or Warning Signs

- Missed Medicine
- Emotional Stress
- Lack of Sleep
- Physical Stress
- Flashing Lights
- Missing Meals
- Illness with High Fever
- Alcohol/Drugs
- Menstrual Cycle
- Response to specific food or excess caffeine. Specify:

- Other: _____

VNS/Devices

Devices: VNS RNS DBS

Date Implanted: _____

Magnet Use/Instructions:

Basic first aid to be provided during a seizure

- **STAY** calm, keep calm, begin timing the seizure
- Keep the student **SAFE**: remove harmful objects, don't restrain, and protect their head
- Turn the student on **SIDE** if not awake, keep airway clear, don't put objects in mouth
- **STAY** until the student recovers
- **SWIPE** magnet for VNS
- Write down what happened during the seizure
- Other: _____

When to call 911 - A seizure emergency for the student

- Seizure with a loss of consciousness longer than five minutes and not responding to rescue medicine if available
- Repeated seizures lasting longer than 10 minutes, with no recovery between them and the student is not responding to available rescue medicine
- Difficulty breathing after seizure
- Serious injury occurs or is suspected; seizure in water

When to call student's doctor first

- A change in seizure type, number, or pattern
- Student does not return to usual behavior (i.e., confused for a long period)
- A first time seizure that stops on its own
- Other medical problems or a pregnancy needs to be checked

Student name: _____

Date of birth: _____

Seizure Emergency Protocol for District Personnel to Follow

- Administer emergency medications _____
- Contact school nurse: _____
- Call 911; transport to _____
- Notify parent or emergency contact and doctor _____
- Other: _____

When and What to Do When Rescue Therapy is Needed

If seizure (cluster, # or length): _____

Name of Med/Rx: _____

How much to give (dose): _____

How to give: _____

If seizure (cluster, # or length): _____

Name of Med/Rx: _____

How much to give (dose): _____

How to give: _____

Student's Response and Care After a Seizure

What type of help is needed? _____

When is the student able to resume usual activity? _____

Does the student need to leave the classroom? Yes No

If yes, when can the student return to the classroom? _____

Is the student able to manage and understand their seizures? Yes No

Special Instructions

First Responders: _____

Emergency Department: _____

Daily Seizure Medication

Medication Name	Dosage	Time to be Given	Common Side Effects	Special Instructions

Other Information

Important medical history: _____

Allergies: _____

Epilepsy surgery (type, date, side effects): _____

Diet therapy: Ketogenic Low-Glycemic Modified Atkins Other: _____

Special considerations, instructions, or precautions (i.e., school trips, activities, sports, etc.): _____

Health Care Contacts

Epilepsy Provider: _____ Phone: _____

Primary Care: _____ Phone: _____

Preferred Hospital: _____ Phone: _____

Pharmacy: _____ Phone: _____

Parent/Guardian Signature: _____ Date: _____

Epilepsy Provider Signature: _____ Date: _____