Birth date: Phone: Phone	PARENT/GUARDIAN complete and sign th	ne top portion of form.		
Parent/Cuardian Contact:			†	
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Seizure Aura (if any): Seizure History: Convulsive Focal Absence Date of last known seizure Seizure Aura (if any): Seizure Medication Taken at Home Common side effects Seizure Aura (if any): Seizure Medication Taken at Home Common side effects Seizure Treatments/Special Diet Therapy: Seizure Medication Taken at Home Common side effects Seizure Treatments/Special Diet Therapy: Seizure Medication Taken at Home Common side effects Seizure Emergency Care Plan for my child. Seizure Emergency Care Plan for my child and, if providing the school with prescribed medication and care for my child and, if providing the school with seizure Emergency Emergency Emergency Emergency Emergency Provider Research Emergency E	School:		-	
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Other Seizure Treatments/Special Diet Therapy:	Describe:			
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3. Protect head, keep airway clear, turn on side if possible. 4. Do not place anything in mouth. 5. Call 911 if student is injured or has difficulty breathing. 6. Call parent. 7. Stay with student until recovered from seizure. 8. Administer rescue treatments as marked below. Focal:				
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