The Wolds Federation of Schools

Executive Headteacher Mrs Elizabeth Harros

www.thewoldsfederation.co.uk

EPILEPSY EMERGENCY INFORMATION

This plan should be produced by parents, school and the specialist/school nurse and if necessary a copy sent to the child's GP.

Name of child:		Child's Photo
Group/class/form:		
Date of birth:		
School year:		
Parent/guardian name:		
Home contact number:		
Mobile contact number:		
GP/Medical Centre number:		
School nurse number:		

Known triggers:	

Location of medication in school:	

Designated school health official:	

I give permission for school personnel to share this information with all school staff, follow this plan and administer medication.

If necessary, I also give permission for the school to contact our GP or specialist/school nurse and in the case of an emergency, this plan may be passed to medical personnel.

I assume full responsibility for providing the school with an adequate supply of the prescribed medication with the pharmacist instructions and required delivery devices. I approve this Diabetes Care Plan for my child.

Parent's signature:	Date:
School nurse's signature	Date:
Headteacher's signature	Review Date:

Beswick and Watton CE Primary School
T: 01377 270339
E: beswick@eastriding.gov.uk

Middleton on the Wolds CE Primary
T: 01377 217323
E: middleton.primary@eastriding.gov.uk

Bishop Wilton CE Primary School
T: 01759 368313
E :bishop.wilton@eastriding.gov.uk

Seizure(s) experienced:	
Symptoms:	
Usual procedure following seizure:	
Prescribed anti-epileptic medication:	
Where medication is stored:	
Staff member responsible for medication replenishment:	
Staff trained to give medication:	i)
	ii)
	iii)
Member of staff responsible for Home/School liaison:	

An ambulance should be called for the following reasons:

- First seizure
- Serious injury occurred
- Poor breathing
- Seizure lasting longer than usual for this pupil/lasting over 5 minutes but not recovering.

Emergency procedure if seizure lasts for more than _____ minutes:

1. Turn the child on their side in the recovery position, checking airway is clear
2. Member of staff to stay with the child to ensure safety
3. Quietly clear the classroom/area of children if staff think this is necessary
4. If stated on the emergency information overleaf the named, trained member of staff will give rectal diazepam/buccal midazolam with witness of same sex present
5. If needed, dial 999 and ask for the Ambulance Service, give name of child, address and telephone number of school
6. Telephone parents
7. Inform Headteacher
8. Stay with child until the ambulance arrives
9. If parent has not arrived by this time, a member of staff will accompany the child to the hospital in the ambulance
10. Complete the seizure record form for the child's file and send copies to their parents and GP.

Service	Name	Contact Details
Emergency contact:		
Epilepsy Consultant/specialist:		
Family GP:		
Epilepsy/paediatric/community support nurse:		
Other:		

PARENTAL CONSENT

I give consent for _____to be given rectal diazepam or Buccal Midazolam by trained staff in the circumstances described in this document. I will undertake to inform the school of any changes in the nature of their seizures or medication.	**Signed:**	**Date:**
	Print:	**Review Date:**