

**TOOELE COUNTY SCHOOL DISTRICT
HEALTH CARE PLAN
COVER SHEET**

Student's Name: _____ Date of Birth: _____

School: _____ Grade: _____ Teacher: _____

Parent/Guardian: _____ Phone: _____

Address: _____

Other Emergency Contacts: #1) _____

Name Phone

#2) _____

Name Phone

Is student in Resource or Special Ed? yes no
Does student ride the bus? yes no

.....

Doctor's Name: _____

Telephone #: _____ Fax #: _____

Medical Diagnosis: _____

- Student will carry/self administer medication
- School staff will store and administer medication
- No medication is required

Medication and/or medical supplies will be located at:

- | | |
|---|---|
| <input type="checkbox"/> Office | <input type="checkbox"/> Teacher's desk |
| <input type="checkbox"/> Student's desk | <input type="checkbox"/> Student's backpack |
| <input type="checkbox"/> Locker | <input type="checkbox"/> Other _____ |

.....

I have read and approve student's healthcare plan.

Principal Date

School Nurse Date

Teacher/School Staff Date

Teacher/School Staff Date

Teacher/School Staff Date

Teacher/School Staff Date

SEIZURE – HEALTH CARE PLAN

Student's Name: _____

This Health Care Plan must be completed by the student's parent/guardian and their health care provider and returned to the school nurse or the school secretary. (This Health Care Plan should be individualized to meet the student's specific needs.)

Seizure Disorders, also known as **Epilepsy**, is a disorder of the central nervous system characterized by a tendency for recurrent seizures. The term "seizure" refers to sudden, uncontrolled episode of abnormal behavior related to abnormal electrical discharges in the brain. A seizure is a symptom of the disorder just as fever is a symptom of infection. Seizure disorders are not contagious nor a sign of mental illness. Only in rare cases do seizures require emergency intervention. Most seizures are over in a few minutes and do not need medical follow up.

Type of seizure(s):

- Absence seizures Febrile seizures Stress induced seizures
 Stimulus induced seizures Generalized tonic-clonic seizures
 Other (specify) _____

Problem: Recognize known seizure triggers and early symptoms.

Goal: Avoid known seizure triggers and recognize early symptoms.

Action: The student will avoid, and school personnel will assist student in avoiding, all known seizure triggers. (The student's parent/guardian and/or their health care provider will check the appropriate boxes below.)

1. The student's known triggers include:

- Bright lights Sunshine
 Stress Fever
 Other (list) _____

2. The student's symptoms include:

- Lip smacking Blank stare
 Twitching Mumbling
 Eye fluttering or eye rolling Spontaneous activity
 Other (list) _____

3. The student's seizure usually looks like: _____

Additional information: _____

Problem: Potential for injury during seizure activity.

Goal: Prevent injury and provide proper first aid.

Action:

1. The student requires monitoring for seizures.
 - a. School staff members must monitor for seizure activity and provide first aid.
 - b. All seizure activity and related events must be recorded in a seizure log.
2. Provide first aid during seizures.
 - a. If you see a seizure is starting, attempt to prevent injury by easing the student to floor. Keep hard, sharp or hot objects out of the way.
 - b. Contact the office through intercom system or a runner to help assist with removing other students from the classroom.
 - c. **Turn student to the side** to allow saliva to drain and to prevent choking.
 - d. **Do not restrain.** You may place a thin, soft towel or item under the head if the floor is hard.
 - e. **Do not force anything between teeth or place any object in mouth.**
 - f. **Do not give fluids or food** during or immediately after seizure.
 - g. **Loosen restrictive clothing.**
 - h. **Observe: injury, length of seizure (by clock), color of lips, face and skin, breathing.**
 - i. Check the clock at the beginning of the seizure and at the end; note the **length of the seizure.**

- j. If the seizure lasts longer than ____ minutes or if he/she is not breathing call emergency services (911) immediately.
- k. When seizure is finished, the student may be sleepy, which is normal. Provide a comfortable, private place for rest where he/she can be observed. Tell the student where he/she is, what time it is and what happened.
- l. Notify parent and school nurse of any seizure activity or injury.
- m. Document all seizure activity in the seizure log. Include when the seizure occurred, how long the seizure lasts, what you did, when you notified the parent and any injury or unusual occurrence.

Problem: Seizure medication

Goal: Early recognition and reporting of side effects

Action:

1. Side effects from medications that must be reported to parent or physician are:
 - Drowsiness
 - Skin rash
 - Slurred speech
 - Other (specify) _____
 - Dizziness
 - Behavioral changes
 - Double vision
 - Upset stomach
 - Lack of coordination
 - Headache
2. Seizure medication must be given on time. Missed or late medication can lead to breakthrough seizures.
3. For medication that is missed or is later than 30 minutes from schedule, contact parent and school nurse immediately so that medication adjustments can be made.
4. Note all medications that are given in daily medication log.

**TOOELE COUNTY SCHOOL DISTRICT
AUTHORIZATION TO ADMINISTER/CARRY MEDICATION AT SCHOOL
HEALTH CARE PLAN APPROVAL**

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

According to Utah Code 53A-11-602 and Tooele County School District Policy, medication is not allowed at school until the pertinent information is completed below (see back for Tooele County School District Policy).

NAME OF MEDICATION	DOSAGE	ROUTE	TIME
1.			
2.			
3.			
4.			

- Allow student to carry medication(s) and self administer during the school day.**
- Have school staff store and/or administer medication(s).**
- No medication is required.**

I approve of my patient's/child's healthcare plan and prescribed medications as stated above.

Physician Signature: _____ Date: _____

Printed Name: _____

Parent/Guardian Signature: _____ Date: _____

Printed Name: _____

ADMINISTERING MEDICATION:

Employees of the Tooele County School District may administer medication to a student during periods when the student is under the control of the school, subject to the following conditions:

1. The District has received a current written and signed request to administer the medication during regular school hours to the student from the parent, legal guardian, or other person having legal control of the student.
2. The student's physician, dentist, nurse practitioner or physician assistant has provided a signed statement describing the medication, method, amount and time schedule for administration and a statement that administration of medication by school employees during periods when the student is under the control of the school is necessary. In the event of a life-threatening emergency a designated school employee may administer prescribed medications to a student without a physician authorization if approved by the school nurse and parent.
3. Administering over-the-counter medications requires a prescribing practitioner statement as well as consent of the parent or guardian. Protocol for administering over-the-counter medications is the same as for administering prescription medications.
4. Oral, topical or inhalant medication may be administered by assigned school personnel. Medications requiring other routes of administration will not be given by school personnel except in emergency situations. In non-emergency situations, medications requiring other routes of administration must be given by a registered nurse.
5. All medication that is to be given at school must be furnished by the parent or guardian and delivered to school by a responsible adult.
6. All prescription medication must be in the original container labeled by the pharmacy with the name of the student, the name of the physician, the name of the medication, the amount to be given (dose) and the duration of the treatment. Over-the-counter drugs must be in the original bottle and labeled with the student's name.
7. All medication provided to the school is to be kept in a secure location under lock and key.
8. Insofar as possible, the Principal, in consultation with the local health department, shall assign one person the responsibility of administering student medication.
9. A record, including the type of medication, amount, the time of day it was administered, must be kept for each student receiving medication at school. The person administering the medication must sign the record each time medication is given.
10. Elementary and middle school students shall not carry or self-administer medication on school premises unless it is expressly ordered by the student's physician because of life threatening circumstances.
11. Authorization for administration of medication by school personnel may be withdrawn by the school at any time following actual notice to the student's parent or guardian.
12. In no circumstance shall a student given another student his or her prescribed or over-the-counter medications while at school or during a school activity.

Utah Code Ann. 53A-11-601

AUTHORIZED EMPLOYEES

The Principal, in consultation with the Superintendent, shall consult with the local Department of Health and other health professionals to determine:

1. Designation of employees who may administer medication.
2. Proper identification and safekeeping of medications.
3. Training of designated employees.
4. Maintenance of records of administration.

Utah Code Ann. 53A-11-601(1)(a)

CIVIL LIABILITY IMMUNITY

School personnel shall substantially comply with the physician's or prescribing practitioner's written statement in order to take full advantage of the immunity from liability granted under Utah Code Ann. 53A-11-601(3).

Utah Code Ann. 53A-11-601(1)