JACK & JILL
EARLY CHILDHOOD LEARNING

SEIZURE CARE PLAN FORM

Child's Name _____ **Date of Birth** (mm/dd/yyyy) _____

EMERGENCY CONTACTS

1 PARENT/GUARDIAN

Name _____
Cell Phone _____
Work Phone _____
Other (home) _____

2 PARENT/GUARDIAN

Name _____
Cell Phone _____
Work Phone _____
Other (home) _____

(See emergency contact information for alternate if parents are unavailable)

Primary health care provider's name: _____ emergency phone: _____
Specialist's Name (if any): _____ emergency phone: _____

TO BE COMPLETED BY HEALTH CARE PROVIDER

Type of Seizure/Diagnosis: _____ **Date of Onset:** _____
Current health concerns: _____

_____

Conditions that trigger the seizures: _____

_____

Description of Seizures:

- Behavior before the seizure: _____

_____

- During the seizure: _____

_____

- Length of typical seizure: _____
- After the seizure: _____

_____

First Aid during & after seizure: _____
Are seizures controlled by medications? ☐ Yes _____ ☐ No
(Name of Medication)

Does the medication need to be given while in attendance at child care? ☐ Yes ☐ No

Medication _____
Amount _____
Schedule/Time _____
Action _____
Possible side effect(s) _____
When to call 911 _____

Medication _____
Amount _____
Schedule/Time _____
Action _____
Possible side effect(s) _____
When to call 911 _____

Are there any activity restrictions? _____
Other pertinent information: _____

X PHYSICIAN'S SIGNATURE

_____ _____
Signature **Date**

The parties agree that this agreement may be electronically signed. The parties agree that the electronic signatures appearing on this agreement are the same as handwritten signatures for the purposes of validity, enforceability, and admissibility.

JACK & JILL EARLY CHILDHOOD LEARNING

SEIZURE CARE PLAN (CONTINUED)

I give permission to Jack & Jill Early Childhood Learning to follow this plan of care prescribed by the physician. I also give my permission to call the health care provider(s) indicated for any additional medical information about my child.

The parties agree that this agreement may be electronically signed. The parties agree that the electronic signatures appearing on this agreement are the same as handwritten signatures for the purposes of validity, enforceability, and admissibility.

X _____ _____

Signature of Parent/Guardian **Date**

TRAINED CHILD CARE PROVIDERS

1._____ **Room:**_____

2._____ **Room:**_____

PLAN OF CARE REVIEWED BY

Director:_____ **Date:**_____

Teacher:_____ **Date:**_____

Child Care Health Consultant:_____ **Date:**_____

Projected date of plan re-evaluation:_____

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