



# Medical Plan Epilepsy and Seizure Disorder Manual

April 2020

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## Policy SO30 – Management of Potentially Life-Threatening Health Conditions, Including Administration of Medication, in Schools

In Grand Erie, Policy SO30- Management of Potentially Life-Threatening Health Conditions, Including Administration of Medication, in Schools provides direction to staff of how to support students with the management of anaphylaxis, asthma, diabetes and/or seizure disorder at school. The policy is accompanied by Medical Plans for each prevalent medical condition.

### Evidence-Based Resources

Evidence-based resources that provide information on various aspects of these prevalent medical conditions, including triggers or causative agents and signs and symptoms characteristic of medical incidents and medical emergencies can be found at the following links:

<http://www.edu.gov.on.ca/eng/healthyschools/medicalconditions.html>

<http://www.edugains.ca/newsite/SafeHealthySchools/medical-conditions/Prevalent-Medical-Conditions.html>

### Epilepsy and Seizure Disorder – What is It?

Epilepsy is also known as a seizure disorder. The terms are used interchangeably. Epilepsy is not a disease but a common neurological disorder. Anyone can develop a seizure disorder at any time without a known cause. Most often diagnosed in children and in seniors, the seizure disorder affects each person differently. Epilepsy results from sudden bursts of hyperactivity in the brain; this causes “seizures” which vary in form, strength, and frequency, depending on where in the brain abnormal activity is found. Epilepsy is the diagnosis and seizures are the symptom. If a person has two or more seizures that are not related to another condition, that person will be diagnosed as having epilepsy.

#### Epilepsy facts

- Each year 15,500 Canadians are diagnosed as having epilepsy.
- Epilepsy affects over 300,000 Canadians and approximately 1 in 100 Canadian students.
- Seizures can range from a prolonged stare in which the student is fully aware, to a loss of awareness, physical convulsions, or the student’s whole body becoming stiff.

While surgery is sometimes an option, the most common way of managing epilepsy is single or multiple drug therapies.

### First Aid

In general, if someone is having a seizure:

#### STAY CALM

- Seizures usually end on their own within seconds or a few minutes

#### CREATE A SAFE SPACE

- Move sharp objects out of the way
- If the person falls, place something soft under their head and roll them on their side as the seizure subsides
- If the person wanders, stay by their side and gently steer them away from danger

#### TIME IT

- Note the time the seizure begins and ends

**CALL 911 IF:**

- You are not sure the person has epilepsy or a seizure disorder

**PROVIDE REASSURANCE**

- When the seizure ends, stay with them until complete awareness returns

**DO NOT...**

- Restrain the person
- Put anything in their mouth

Click below for more information about seizure first aid which explains what to do for different types of seizures.

<http://epilepsyontario.org/wp-content/uploads/2012/06/Epilepsy-Seizures-First-Aid.pdf>

<http://epilepsyontario.org/about-epilepsy/first-aid/>

**Liability**

In 2001, the Ontario government passed the Good Samaritan Act to protect individuals from liability with respect to voluntary emergency medical or first-aid services. Subsections 2(1) and (2) of this act state the following with regard to individuals:

2.(1) Despite the rules of common law, a person described in subsection (2) who voluntarily and without reasonable expectation of compensation or reward provides the services described in that subsections is not liable for damages that result from the person's negligence in acting or failing to act while providing the services, unless it is established that the damages were caused by the gross negligence of the person.

(2) Subsection (1) applies to,  
...(b) an individual...who provides emergency first aid assistance to a person who is ill, injured or unconscious as a result of an accident or other emergency, if the individual provides the assistance at the immediate scene of the accident or emergency.

**Privacy and Confidentiality**

Parent/guardian consent will be obtained prior to the sharing of student health information with school staff or other students. Parents and school staff will be informed of the measures to protect the confidentiality of students' medical records and information.

**Avoidance**

Grand Erie's goal is to provide a safe environment for children with epilepsy and seizure disorder, **but it is not possible to reduce the risk to zero.**

School procedures are designed to be flexible enough to allow schools and classrooms to adapt to the needs of individual children and the circumstances which trigger seizures, as well as the organizational and physical environment in different schools.

All recommendations should be considered in the context of the child's age and developmental and cognitive maturity. As children mature, they should be expected to take increasing personal responsibility for the management of their prevalent medical condition.

## Steps to Prevention

The school principal/designate shall take steps to protect students with epilepsy and seizure disorder by enlisting the support of School Health Support Services if appropriate and with parent/guardian consent.

### Application for School Health Support Services

<https://staff.grandierie.ca/index.php/programs/special-educa/new-school-health-support-services-lhin>

The principal may also;

- Know the triggers to the student's seizure activity as outlined in the Medical Plan
- Know the signs and symptoms of the student's seizure, as outlined in the Medical Plan
- With parent/guardian consent, inform the students, parents/guardians and school community about the nature of epilepsy and seizure disorder
- Provide a comprehensive awareness workshop for students in the class of the student who has epilepsy or seizure disorder;
- Communicate general information about epilepsy and seizure disorder to student/staff and parents/guardians on a yearly basis;
- Share the schools Epilepsy and Seizure Disorder Emergency Response Plan with all persons who may be in regular contact with students at risk;
- If possible and applicable, ensure that the student at risk has their medication with them, or it is stored in an easily accessible location
- If applicable, ensure that the student has their medication with them for fire drills, lock downs, hold and secures, shelter in place and bomb threats, or there is one readily available
- Ensuring that when a student with a seizure disorder is involved in an out-of-school learning experience, the student has seizure disorder medication on her/his person and that the supervising teacher has a cell phone to be used in emergency situations.
- Document the strategies which are adopted by the school to protect the student with epilepsy or seizure disorder in the Medical Plan

## Roles and Responsibilities

A whole school approach is needed to support students with epilepsy or seizure disorder, where parents/guardians, students and school personnel must all understand and fulfill their responsibilities.

### Responsibilities of PARENTS/GUARDIANS

Parents/guardians are expected to be active participants in supporting the management of their child's medical condition while the child is at school. Parents/guardians should:

- Educate their child about their medical condition with support from their child's health care professional, as needed
- Guide and encourage their child to reach their full potential for self-management and self-advocacy
- Inform the school of their child's medical condition
- Complete Administration of Medication Verification Form and return it to school
- Provide the school with up-to-date emergency contact names and telephone numbers
- Provide the school with instructions and consent for administering medication
- Provide the school with sufficient quantities of medication and supplies in their original, clearly labelled containers, as directed by a health care professional and as outlined in the Medical Plan, and track the expiration dates if they are supplied
- Co-create and review with school staff at least annually, or when there is a change in the

medical condition, the Medical Plan

- Communicate changes to the Medical Plan, such as changes to the status of their child's medical condition or changes to their child's ability to manage the medical condition to the principal or designate
- Confirm annually to the principal or designate that their child's medical status is unchanged
- Initiate and participate in annual meetings to review their child's Medical Plan
- Seek medical advice from a medical doctor, nurse practitioner, or pharmacist where appropriate

### **Responsibilities of STUDENTS with Epilepsy or Seizure Disorder**

Students are expected to actively support the development and implementation of their Medical Plan, depending on their cognitive, emotional, social and physical stage of development and their capacity for self-management. Students should:

- Take responsibility for advocating for their personal safety and well-being
- Participate in the development of their Medical Plan
- Participate in meetings to review their Medical Plan
- Carry out daily or routine self-management of their medical condition to their full potential as described in their Medical Plan (e.g. carry their medication and medical supplies, including controlled substances, follow school board policies on disposal of medication and medical supplies)
- Set goals on an ongoing basis for self-management of their medical condition, in conjunction with their parents/guardians and health care professionals
- Communicate with their parents/guardians and school staff if they are facing challenges related to their medical condition at school
- Wear medical alert identification that they and/or their parents/guardians deem appropriate
- If possible, inform school staff and/or their peers if a medical incident or a medical emergency occurs
- Take as much responsibility as possible for avoiding causative agents

### **Responsibilities of SCHOOL STAFF**

School staff will follow their school board's policies and provisions in their collective agreements related to supporting students with prevalent medical conditions in schools. School staff should:

- Display a photo/poster in the classroom, with parental approval
- Review the contents of the Medical Plan for any student with whom they have direct contact
- Participate annually in training at school on prevalent medical conditions, or as required
- Share information on a student's signs and symptoms with other students if the parents/guardians give consent and the principal authorizes to do so as outlined in the Medical Plan
- Follow school board strategies that reduce the risk of student exposure to triggers or causative agents in classrooms, common school areas, and extracurricular activities, in accordance with the student's Medical Plan
- Support a student's daily or routine management, and respond to medical incidents and medical emergencies that occur during school as outlined in board policies and procedures
- Support inclusion by ensuring students with prevalent medical conditions are able to perform daily or routine management activities in a school location (i.e. classroom) as outlined in their Medical Plan while also maintaining confidentiality and dignity of the student
- Enable students with prevalent medical conditions to participate in school to their full

potential, as outlined in their Medical Plan

### **Responsibilities of the SCHOOL PRINCIPAL**

The school principal will assume all responsibilities of school staff and should:

- Clearly communicate to parents/guardians and appropriate staff the process for parents/guardians to notify the school of their child's medical condition, as well as the expectation for parents/guardians to co-create, review and update the Medical Plan with the principal or designate
- Co-create, review and update the Medical Plan with parent/guardian at a minimum at the following times
  - during the time of registration for new students
  - each year before the end of June for existing students
  - when a child is diagnosed and/or returns to school following a diagnosis
- Ensure that an Epilepsy Verification Form has been completed in LITE
- Ensure that an Epilepsy Medical Plan has been completed in LITE
- Ensure that parent/guardian has completed Administration of Medication Verification Form
- Ensure that an Administration of Medication Form has been completed in LITE
- Maintain a file with the Medical Plan and supporting documentation for each student with a prevalent medical condition
- Provide relevant information from the student's Medical Plan to school staff and others who are identified in the Medical Plan (e.g. food service providers, transportation providers, volunteers and occasional staff who will be in direct contact with the student), including any revisions that are made to the plan
- Communicate with parents/guardians in medical emergencies, as outlined in the Medical Plan
- Encourage the identification of staff who can support the daily routine management of needs of students in the school with prevalent medical conditions, while honouring the provisions outlined within collective agreements

### **Responsibilities of the SCHOOL BOARD**

School boards are expected to communicate, on an annual basis, their policies on supporting students with prevalent medical conditions to parents, school board staff and others in the school community who are in direct contact with students (e.g. food service providers, transportation providers, volunteers). School boards will:

- Make policies and Medical Plan templates available on the public website
- Provide training and resources on prevalent medical conditions on an annual basis
- Develop strategies that reduce risk of student exposure to triggers or causative agents in classrooms and common areas
- Develop expectations for schools to support the safe storage and disposal of medication and medical supplies, and communicate these expectations to schools and support schools in the implementation of the expectations (e.g. provide schools with appropriate supplies to support safe disposal of medication and medical supplies)
- Develop expectations for schools to include a process and appropriate resources to support students with prevalent medical conditions in the event of a school emergency (e.g. bomb threat, evacuation, fire, "hold and secure", "lockdown")
- Communicate expectations that students will carry their medication and supplies to support the management of their medical condition, including controlled substances, as outlined in the Medical Plan
- Consider PPM161 – Support Children and Students with Prevalent Medical Conditions (Anaphylaxis, Asthma, Diabetes, and/or Epilepsy) in Schools and Policy SO30 – Management of Potentially Life-Threatening Health Conditions, Including Administration

of Medication, in Schools when entering into contracts with transportation, food service and other providers

## **Board Expectations for Providing Supports to Students with Diabetes in Order to Facilitate and Support Daily Routines and Management Activities at School**

Facilitating and supporting daily or routine management involves, but is not limited to, supporting inclusion by allowing students with prevalent medical conditions, including epilepsy and seizure disorder, to perform daily or routine management activities in a school location (e.g. within a classroom, gymnasium, library, school yard, on a school bus, at a field trip location), as outlined in the Medical Plan

## **Epilepsy and Seizure Disorder Management Training for School Staff**

All school staff will complete annual online health and safety training in epilepsy and seizure disorder management. Training will be completed within the first term or semester of the current school year.

## **Emergency Response**

Even when precautions are taken, a student with epilepsy or seizure disorder may experience a seizure while at school. It is essential that the school develop a response protocol, and that all staff are aware of how to implement it. A Medical Plan will be developed for each child with epilepsy or seizure disorder, in conjunction with the child's parent/guardian (and medical professional, if appropriate) and kept in a readily accessible location.

All staff will be made aware of the School Epilepsy/Seizure Disorder Emergency Response Plan (Appendix A).

## **Reporting**

Subject to relevant privacy legislation, Grand Erie will collect the following data:

- The number of students with prevalent medical conditions in schools
- The number of occurrences of medical incidents and medical emergencies
- The circumstances surrounding the occurrences of medical incidents and emergencies

Grand Erie will report to the Minister of Education, upon the implementation of PPM161 and upon request thereafter, the activities employed to achieve the expectations outlined in PPM161.



## APPENDIX A – School Seizure Disorder Emergency Response Plan

In the case of an emergency related to epilepsy, school staff should refer to the child's Medical Plan. When an epileptic event is happening, it is important to stay calm and support the individual having the seizure. If the student has a diagnosed seizure disorder, it is not essential to call 9-1-1 if they have a seizure unless this directive is included in their Medical Plan; however, if the seizure lasts more than 5 minutes, or repeats without full recovery, seek medical assistance immediately. If you witness a student having a seizure, do not restrain the child, but try to move sharp and cornered objects away in order to prevent injury, and let the seizure run its course. In all emergency situations:

1. Stay calm.
2. Dial 9-1-1.
3. Inform the student's emergency contact, as outlined in their Medical Plan.

### STEPS IN MANAGING AN INDIVIDUAL EXPERIENCING A SEIZURE:

**KEEP CALM. STAY WITH THE PERSON.**

**RECORD TIME SEIZURE BEGINS ON THE SEIZURE INCIDENT RECORD FORM.**

**DO NOT RESTRAIN OR INTERFERE WITH THE PERSON'S MOVEMENTS**

**PROTECT FROM FURTHER INJURY WHERE POSSIBLE, MOVE HARD OR SHARP OBJECTS AWAY.**

**DO NOT PLACE OR FORCE ANYTHING IN THE PERSON'S MOUTH**

**ROLL THE PERSON TO THEIR SIDE AS SOON AS POSSIBLE:**

**RECORD THE EPISODE ON THE SEIZURE DISORDER INCIDENT RECORDING FORM.**

**CONTACT THE PARENT/GUARDIAN AS SOON AS POSSIBLE.**

**CALL 9-1-1- IF APPROPRIATE**

### **AFTER ALL TYPES OF SEIZURES:**

- Comfort and reassure the person.
- Stay with them until they become re-oriented.
- Follow protocol outlined in the Medical Plan

## APPENDIX B – Seizure Disorder Incident Recording Form

Student Name: \_\_\_\_\_

D.O.B.(DDMMYYYY): \_\_\_\_\_

Date	Time of Seizure	Length of Seizure	Events before Seizure	Description of Seizure	Events After Seizure	Date /Time Parent Contacted

Filed in OSR

Retention: E + 10 years (E = Retirement of Student)

## APPENDIX C – Epilepsy Verification Form Template

(Page 1 of 2)



**Grand Erie District School Board**  
349 Erie Avenue, Brantford, Ontario N3T 5V3

Last Name, First Name  
Epilepsy Plan of Care Alert

Epilepsy Plan of Care Alert - Draft			
<b>KNOWN SEIZURE TRIGGERS</b> CHECK ALL THOSE THAT APPLY			
<input type="checkbox"/> Stress <input type="checkbox"/> Changes In Diet <input type="checkbox"/> Illness <input type="checkbox"/> Other <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; vertical-align: middle;"></span>	<input type="checkbox"/> Menstrual Cycle <input type="checkbox"/> Lack of Sleep <input type="checkbox"/> Improper Medication Balance	<input type="checkbox"/> Inactivity <input type="checkbox"/> Electronic Stimulation (TV, Videos, Florescent Lights) <input type="checkbox"/> Change in Weather	
Any Other Medical Condition Or Allergy? <div style="border: 1px solid black; height: 25px; width: 100%;"></div>			
<b>DAILY/ROUTINE EPILEPSY MANAGEMENT</b>			
<b>DESCRIPTION OF SEIZURE (NON-CONVULSIVE)</b>		<b>ACTION</b>	
<b>DESCRIPTION OF SEIZURE (CONVULSIVE)</b>		<b>ACTION</b>	
<b>SEIZURE MANAGEMENT</b>			
<b>Note: It is possible for a student to have more than one seizure type. Record information for each seizure type.</b>			
<b>Seizure Type (Circle One)</b>	<b>Actions to take during Seizure</b>	<b>Frequency of seizure activity</b>	<b>Typical seizure duration</b>
tonic-clonic   absence simple partial   complex partial atonic   myoclonic infantile   spasms other			
tonic-clonic   absence simple partial   complex partial atonic   myoclonic infantile   spasms other			

## APPENDIX C: Epilepsy Verification Form Template (Page 2 of 2)



**Grand Erie District School Board**  
349 Erie Avenue, Brantford, Ontario N3T 5V3

**Last Name, First Name**  
Epilepsy Plan of Care Alert

Other Individuals To Be Contacted Regarding Plan Of Care:												
Before-School Program	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>									
After-School Program	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>									
			Transported by GEDSB <div style="border: 1px solid black; height: 20px; width: 100%;"></div>									
			Other: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>									
<p>This plan remains in effect for the school year without change and will be reviewed on or before: .</p> <p>It is the parent(s)/guardian(s)/student 18+ responsibility to notify the principal if there is a need to change the Plan of Care during the school year.</p> <p>I acknowledge that the information contained on the this form may be shared with Grand Erie District School Board staff, volunteers, transportation providers in order to provide appropriate supports for my child. Depending on the nature/severity of the medical condition, I acknowledge that my child's information and photograph may be made accessible to staff, volunteers and transportation providers in the form of a notice and/or poster. In the event of an emergency, I give permissions for GEDSB to administer an EpiPen or other emergency measures deemed appropriate.</p> <table style="width: 100%; margin-top: 20px;"> <tr> <td style="width: 40%;">Parent(s)/Guardian(s)/Student 18+:</td> <td style="width: 30%; text-align: center;">_____ Signature</td> <td style="width: 30%; text-align: center;">_____ Date</td> </tr> <tr> <td>Student Over 16:</td> <td style="text-align: center;">_____ Signature</td> <td style="text-align: center;">_____ Date</td> </tr> <tr> <td>Principal:</td> <td style="text-align: center;">_____ Signature</td> <td style="text-align: center;">_____ Date</td> </tr> </table> <p style="font-size: small; margin-top: 10px;">Personal information contained on this form is collected under the authority of the Education Act, in accordance with the Municipal Freedom of Information and Protection of Privacy Act, and will be used for the purposes of the education of students.</p>				Parent(s)/Guardian(s)/Student 18+:	_____ Signature	_____ Date	Student Over 16:	_____ Signature	_____ Date	Principal:	_____ Signature	_____ Date
Parent(s)/Guardian(s)/Student 18+:	_____ Signature	_____ Date										
Student Over 16:	_____ Signature	_____ Date										
Principal:	_____ Signature	_____ Date										

## APPENDIX D – Epilepsy Medical Plan Template

(Page 1 of 3)



**Grand Erie District School Board**  
349 Erie Avenue, Brantford, Ontario N3T 5V3

Last Name, First Name

Health Management Plan			
<b>Name</b> <b>School</b> <b>Additional Contact Information</b> <b>Teachers:</b>	<b>OEN</b> <b>Family</b>	<b>Board Id #</b> <b>DOB</b>	<b>Grade</b> <b>Gender</b>
<b>Created By:</b> _____ <b>on:</b> _____		<b>Last Edit by</b> _____ <b>on:</b> _____	
Emergency Contacts			
Name	Relationship	Daytime Phone	Alt. Phone
_____	_____	_____	_____
Prevalent Medical Conditions			<div style="border: 1px solid black; width: 100px; height: 80px; margin: 0 auto; text-align: center; line-height: 80px;">Picture</div>
POC Type	Plan Date	Status	
<input checked="" type="checkbox"/> Epilepsy			

## APPENDIX D – Epilepsy Medical Plan Template (Page 2 of 3)



**Grand Erie District School Board**  
349 Erie Avenue, Brantford, Ontario N3T 5V3

Last Name, First Name  
Epilepsy Plan of Care Alert

Epilepsy Plan of Care Alert - Draft			
Name School Additional Contact Information	OEN Family	Board Id # DOB	Grade Gender
Created By: _____	on: _____	Last Edit by _____	on: _____
		Status: Draft	Finalized on: _____
<b>KNOWN SEIZURE TRIGGERS</b> CHECK ALL THOSE THAT APPLY			
<input type="checkbox"/> Stress	<input type="checkbox"/> Menstrual Cycle	<input type="checkbox"/> Inactivity	
<input type="checkbox"/> Changes In Diet	<input type="checkbox"/> Lack of Sleep	<input type="checkbox"/> Electronic Stimulation (TV, Videos, Florescent Lights)	
<input type="checkbox"/> Illness	<input type="checkbox"/> Improper Medication Balance	<input type="checkbox"/> Change in Weather	
<input type="checkbox"/> Other _____			
Any Other Medical Condition Or Allergy? _____			
<b>DAILY/ROUTINE EPILEPSY MANAGEMENT</b>			
<b>DESCRIPTION OF SEIZURE (NON-CONVULSIVE)</b>		<b>ACTION</b>	
<b>DESCRIPTION OF SEIZURE (CONVULSIVE)</b>		<b>ACTION</b>	
<b>SEIZURE MANAGEMENT</b>			
<b>Note: It is possible for a student to have more than one seizure type. Record information for each seizure type.</b>			
Seizure Type	Actions to take during Seizure	Frequency of seizure activity	Typical seizure duration

**Last Name, First Name**  
**Epilepsy Plan of Care Alert**

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## APPENDIX E – Administration of Medication Verification Form



## APPENDIX E- Administration of Medication Verification Form

**Grand Erie District School Board**  
349 Erie Avenue, Brantford, Ontario N3T 5V3

**Student Name**  
Administration of Medication

Administration of Medication - Open																																												
<b>Student Name</b>																																												
<b>DOB</b>																																												
<b>Gender</b>																																												
<b>MEDICATION INFORMATION: TO BE FILLED IN BY PARENT/GUARDIAN</b>																																												
<b>Name of Dispensing Pharmacy:</b>																																												
<b>Pharmacy Address:</b>			<b>Phone:</b>																																									
<b>Name of Physician:</b>																																												
<b>Physician Address:</b>			<b>Phone:</b>																																									
<b>MEDICATION INFORMATION: To be filled in by Parent/Guardian</b>																																												
<b>Reason for Medication:</b>																																												
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Medication Prescribed</th> <th style="width: 10%;">Dosage</th> <th style="width: 15%;">Time of Administration</th> <th style="width: 25%;">Possible side effects (if any)</th> <th style="width: 30%;">Duration of continuing medication</th> </tr> </thead> <tbody> <tr><td style="height: 20px;"></td><td></td><td></td><td></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td><td></td><td></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td><td></td><td></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td><td></td><td></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td><td></td><td></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td><td></td><td></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td><td></td><td></td><td></td></tr> </tbody> </table>					Medication Prescribed	Dosage	Time of Administration	Possible side effects (if any)	Duration of continuing medication																																			
Medication Prescribed	Dosage	Time of Administration	Possible side effects (if any)	Duration of continuing medication																																								
<b>Parent/Guardian Signature:</b> _____			<b>Date:</b> _____																																									



## APPENDIX F – Administration of Medication Form



APPENDIX F - Administration of Medication Form  
**Grand Erie District School Board**  
 349 Erie Avenue, Brantford, Ontario N3T 5V3

**Student Name**  
 Administration of Medication

Administration of Medication - Open																			
Name School	OEN Family	Board Id # DOB	Grade Gender																
Created By: _____ on: 2019.09.11		Last Edit by on: 2019.09.11		Status: Open Finalized on: 2019.09.11															
<b>MEDICATION INFORMATION: TO BE FILLED IN BY PARENT/GUARDIAN</b>																			
Name of Dispensing Pharmacy: _____																			
Pharmacy Address: _____			Phone: _____																
Name of Physician: _____			Phone: _____																
Physician Address: _____			Phone: _____																
<b>MEDICATION INFORMATION: To be filled in by Parent/ Guardian</b>																			
Reason for Medication: _____																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Medication Prescribed</th> <th style="width: 15%;">Dosage</th> <th style="width: 20%;">Time of Administration</th> <th style="width: 25%;">Possible side effects (if any)</th> <th style="width: 15%;">Duration of continuing medication</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>					Medication Prescribed	Dosage	Time of Administration	Possible side effects (if any)	Duration of continuing medication	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Medication Prescribed	Dosage	Time of Administration	Possible side effects (if any)	Duration of continuing medication															
_____	_____	_____	_____	_____															
_____	_____	_____	_____	_____															
Parent/Guardian Signature: _____			Date: _____																

## APPENDIX G – 9-1-1 Seizure Disorder Incident Script Protocol

## TO BE POSTED BY TELEPHONE

1. This is \_\_\_\_\_ School.  
Address is: \_\_\_\_\_  
Nearest Major Intersection is: \_\_\_\_\_  
Telephone Number is: \_\_\_\_\_
2. We have a student who is having a seizure. We are timing the seizures/have administered a seizure medication/etc. There has been no improvement in their condition. We need an ambulance IMMEDIATELY.
3. The closest entrance for the ambulance is on:  
\_\_\_\_\_ Ave. / Road / Street.
4. A staff member will be outside the school entrance to provide direction.
5. Do you need any more information?
6. How long will it take you to get here?
7. Call parent / guardian / emergency contact.

## APPENDIX H – Sample Letter to Parents/Guardians

On School Letterhead

Date:

Dear Parents/Guardians:

### RE: SCHOOL PROTOCOL FOR EPILEPSY OR SEIZURE DISORDER MANAGEMENT

To be prepared for your child's diabetic needs and in case of low blood glucose during the school day, please refer to the attached information and forms.

#### ***Request and Consent –Administration of Medication Form***

Please read through this form and complete the appropriate sections. Return the form to your child's school principal prior to your child's start of school. If you are able, please include a recent photo of your child that will be used on your child's Medical Plan.

#### ***Medical Plan***

The Medical Plans will be provided to each of the child's teachers to be stored in a safe place the classroom. The Medical Plans will also be placed in the supply teacher binder and will be posted in the staff room, health room and other appropriate locations throughout the school.

#### ***Parent/Guardian Responsibilities Checklist***

Please review your responsibilities outlined on the checklist. If you have any questions, please contact the school principal.

#### ***Student Responsibilities Checklist***

Please review the contents with your child.

\*\* Please call the school to arrange a meeting with school staff and if possible, a Seizure Disorder Educator with whom you currently work, prior to your child beginning school. We look forward to working together to provide the safest possible learning environment for your child.

Sincerely,

\_\_\_\_\_



\_\_\_\_\_, School Principal.

## APPENDIX I – Steps to Identify a Seizure Disorder Student in the Student Information Systems

### Setting the Critical Medical Condition Symbol in Power School

1. Start Page
2. Select Student
3. Select either Registration Form OR Emergency Contact / Medical

Anaphylactic Shock Condition Alert	( )
Critical Medical Condition Alert	( )
Student has suffered a concussion and is on a Return to Learn/Return to Physical Activity plan	( )
Critical Medical Notes	
Other Medical Notes	

4. Check "Anaphylactic Shock Condition Alert"
5. Check "Critical Medical Condition Alert"
6. Check "Student has suffered a concussion...", if applicable.
7. Enter student's medical / health information in the "Critical Medical Notes" field (Note: information **must** be in this field to generate the alert symbol).
8. Click Submit.
9. A Critical Medical Alert symbol  will appear next to student's name.
10. A Concussion Alert symbol  will appear next to the student's name if this field was indicated as applicable.

Entering information in the "Other Medical Notes" field for non-life-threatening conditions will not generate the Critical Medical Condition Alert.

For more information, refer to Section 6.09 of the Power School OnSIS Instruction Manual:

<http://geportal.granderie.ca/linksandresources/powerschoolmanual/Pages/default.aspx>