



NATRONA COUNTY SCHOOLS

Natrona County School District
Special Transportation Bus Seizure Care Plan

Student: _____

Date of Birth: _____

Typical Seizure looks like: _____

**Remember not all symptoms happen with every seizure.

Basic Seizure Care

1. Make sure all children are safe- pull over if driving
2. Stay calm, and start timing the seizure
3. Keep child safe and provide reassurance
4. Monitor breathing and seizure activity. Document events.
5. Do not restrain
6. Do not put anything in mouth
7. Call parent Parents name: _____ Number: _____
8. If child turns blue around the lips or in the cheeks, is not breathing well, or you are uncomfortable with the seizure activity, call 911.

EMERGENCY MEDICATION: yes this child has seizure medication
 no this child does not have seizure medication

If yes give medication as described below

Prescriptions

(Dose/Frequency/Route): _____

Call 911 if:

- Has more than 1 seizure without regaining consciousness
- Is injured during seizure
- Has breathing difficulties or turns blue
- If you have administered an emergency medication

Parent signature _____ Nurse signature _____

Bus Driver _____ Bus assistant _____

Date training was done with bus staff _____

My child, _____ has seizures and will be riding a bus to and from school. They have emergency medication for their seizures.

I want the emergency medication given on the bus by the bus assistant or bus driver who is trained in the administration of the emergency medication. NCSD reserves the right to call 911 at any time.

I DO NOT want the emergency medication given to my child on the bus by the bus driver or assistant. NCSD reserves the right to call 911 at any time.

Parent Signature _____

Date _____