


 Student
 Photo

Individual Epilepsy Care Plan

Students Details

Student's Name	
Date of Birth	
Address	
Telephone number	

Family Contact Information

Next of Kin Name	
Relationship to the student	
1 st Contact number	
2 nd Contact number	
Additional Emergency Contact Name	
Relationship to the student	
1 st Contact number	
2 nd Contact number	

Professionals Details

GP – Name and surgery	
GP – telephone number	
Epilepsy Specialist	
Name of Professional and department	
Date of Diagnosis and by whom.	



INFORMATION ON SEIZURES

Seizure - Type:

The frequency of seizure on average. Eg. Daily, weekly, monthly, no pattern.

A description of a typical type of seizure: eg, what the seizure looks like.

Triggers: eg – lights, smells, illness

Length/average duration of seizure:

How to deal with the seizure. Eg; specifically to help your child.

A description of what constitutes an emergency for the child and the action to take if this occurs. Eg- when should an ambulance be called?

Are Emergency medications prescribed. (A permission form also needs to be completed.)

Yes / No

Activities that should be avoided;

Activities that require special precaution

Follow up care your child needs (e.g. a rest following a seizure)



NAME OF MEDICATION	Dose	After how many minutes from the start of the seizure should it be administered?	How is it administered Orally, Nasally.	Can a second dose be given?
		Minutes		Yes / No

If a second dose is required how many minutes after the first dose is administered should the second dose be given?

NAME OF MEDICATION	Dose	How many minutes after the first dose has been administered should the second dose be administered?	How is it administered Orally, Nasally.
		Minutes	

An ambulance will be called after a second dose is administered.

If there are any complications or your child doesn't take the complete dose parents/carers will be informed by the usual means of communication for you child.

Email, telephone call, message in communication book unless stated otherwise.

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school's policy.

It is parental responsibility to provide the school with medication and any equipment needed in the original container with prescription label and in date to support the medical condition.

It is also parental responsibility to ensure that School is informed should anything change.



Arrangements for school visits/trips etc

Risk assessments are completed by school which include checking Health care plans and Epilepsy Health care plan.
Parental responsibility to send in medication if needed.

Who is responsible in an emergency (state if different for off-site activities)

Named First Aiders and those trained in administration of Medications.
Two members of staff to administer any medications.

Plan developed with

School and Parent/Guardians

Staff training needed/undertaken – who, what, when

Staff trained in specific conditions and records are kept at school.

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school's policy.

Additional Forms must be completed before medications can be administered at school.

Signed by:

Name of Parent:

Date:

Checked by

Learning Mentor:

Print NameSigned

Date:

Head teacher:

Print Name.....Signed.....

Date.....

Review Date – July 2022 unless any medical needs change.