



Office of Health Services & Wellness
Center for Family, School, & Community Partnerships
123 Main Street, Evansville, IN 47708
PH: 812-435-8279 FAX: 812-435-8635

PLAN OF CARE - SEIZURE

Name: Last Name First MI Grade Age

School

Parent/Guardian Name Phone (H)

Address Phone (WK)

Parent/Guardian Name Phone (H)

Address Phone (WK)

Emergency Phone Contact #1 Name Relationship Phone

Emergency Phone Contact #2 Name Relationship Phone

Physician Student Sees for Seizure: Phone

Other Physician Phone

ALLERGIES: Food, Medication, etc.

DIET: Special diet, please address any dietary restrictions or special hydration needs

DAILY SEIZURE MANAGEMENT PLAN (Check each that applies to the student):

Identify the things which start a seizure

- Exercise Other

Comments:

