



DIocese OF FORT WORTH

Parental Authorization for Seizure Action Plan 2025-2026

Name: _____ DOB _____ Grade/Teacher: _____

Parent/Guardian: _____ Phone: _____

Parent/Guardian: _____ Phone: _____

Before/After school activities: ☐ Athletics ☐ Band ☐ Club ☐ Tutoring ☐ Other: _____

Treating Physician: _____

Physician Phone number: _____

Diagnosis/Significant Medical History: _____

Seizure Information:

Seizure type: _____ Length: _____ Frequency: _____

Description of seizures: _____

Seizure triggers of behavior changes: _____

Student's response after seizure: _____

Can student identify impending seizure & take steps to prevent injury or get assistance? ☐ Yes ☐ No

Can student identify & avoid seizure? ☐ Yes ☐ No

Does student have a Vagus Nerve Stimulator? ☐ Yes ☐ No

Basic Seizure First Aid:

- Assist student to the floor, remain with student and provide calming reassurance.
- Begin timing seizure and observe characteristics of seizure.
- Reduce risk of additional injury by clearing area of objects that might injure student.
- For tonic-clonic seizure, turn child onto side to help keep airway clear and allow saliva to drain and protect head.
- Do not put anything between teeth or in mouth.
- Do not restrain student and loosen any binding clothing.
- Provide privacy to student.
- Call school nurse, campus principal or assistant principal and resource officer. School nurse will give medication as ordered by the student's physician
- As indicated by parent; call 911 or parent for further assistance and notification.
- Continue to monitor student and give support therapy.

Emergency Response to Seizure:

A seizure is generally considered an emergency when:

- Convulsive (tonic-clonic) seizure longer than 5 minutes
- Student has repeated seizures without regaining consciousness
- Student is injured or has diabetes
- Student has a first-time seizure
- Student has difficulty breathing
- Student has a seizure in water

Seizure Emergency Protocol:

(Check all that apply and clarify below)

- ☐ Contact school nurse at Extension: _____
- ☐ Call 911 for transport to: _____
- ☐ Notify parent or emergency contact
- ☐ Administer emergency medications as indicated below
- ☐ Notify Doctor
- ☐ Other:- _____

If different from the above description, a 'seizure emergency' for this student is defined as: _____

Under what conditions can a student stay at school after a seizure? _____

Seizure Medications (including daily and emergency medication):

A Fort Worth Diocese Medication Administration Request form (MAR) must accompany all medications & contain a physician's signature

Emergency Med ✓	Medication	Dose	Schedule Time or As Needed	Administration Instructions &/or Common Side Effects

Special Considerations and Precautions (regarding school activities, sports, trips, etc.)

Specify and special considerations or precautions: _____

Parental Authorization

I hereby grant permission for _____ ("School") to follow the above Action Plan for my child and to take whatever measure in their judgment may be necessary to provide emergency medical services consistent with this Action Plan, including the administration of medication to my child. I give permission to School to contact my physician for additional information as necessary. I grant the school permission to share this Action Plan with my student's teacher(s). I also authorize School staff members to share the contents of my child's Action Plan with other School employees, volunteers, or chaperones at school events or field trips as necessary to ensure the safety and well-being of my child. I agree to defend, indemnify, and hold harmless the Diocese of Fort Worth, its parishes and Catholic schools, its bishop and successor bishops, and all their priests, employees, servants, volunteers, and agents (collectively, the "Releasees"), from and against any and all claims, demands, causes of action, judgments, damages, liabilities, or losses of any character, arising out of or in any way connected with the provision of medical services, the enacting of the Action Plan, or the failure to provide any medical services or medication. Further, on behalf of myself and the other parent/guardian of the student, I hereby release and waive all claims, demands, or causes of action against the Releasees.

Parent/Guardian Signature Date

Revised 4/2025