



GREATER NEW BEDFORD REGIONAL VOCATIONAL TECHNICAL HIGH SCHOOL

1121 Ashley Boulevard, New Bedford, MA 02745-2496
Tel. 508-998-3321 Fax 508-995-7268 www.gnbvt.edu

Preparation • Passion • Perseverance

Dear Parent/Guardian,

According to your child's health record, your child has a diagnosis of a Seizure Disorder. Attached you will find an **Emergency Plan** to be completed for the upcoming school year. This plan helps maintain your child's safety and assists in communication for activities including field trips, placement and extracurricular activities. Please complete and return as soon as possible for the start of the school year. This form will be kept in the school nurse's office and a copy will be provided for out of school activities.

If you have any questions please feel free to contact the nurse's office at extension 204/205. Our direct confidential fax number is 508-998-4647.

Thank you in advance for your time,

School Nurses



GREATER NEW BEDFORD REGIONAL VOCATIONAL TECHNICAL HIGH SCHOOL

Nurse's Office | 508-998-3321 ext. 204/205 | FAX 508-998-4647

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Emergency Plan – Seizure Disorder

Field Trip/Placement/Extracurricular Activity

Student's Name:	DOB:	ID#:	YOG:
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This student has a diagnosis of Seizure Disorder. Signs and symptoms of a seizure may range from a staring spell to total body stiffness and jerking.

The student should use the "one foot on the floor rule" as a guide to avoid heights greater than 2 feet and he/she should be supervised when using machinery, power tools and swimming.

If the student experiences seizure activity while off school grounds:

1. **ACTIVATE 911**
2. Lower the student to the floor – place on side
3. **DO NOT** put anything in student's mouth nor restrain
4. Clear the environment of anything that student could hit against
5. Please note onset time of seizure and be prepared to describe event
6. Stay with student until help arrives
7. Contact parent/guardian
8. Contact school nurse to report incident and provide status update at (508) 998-3321 ext. 204 or 205

EMERGENCY CONTACT INFORMATION

TELEPHONE NUMBERS

Primary Contact:

Home/Cell:

Secondary Contact:

Home/Cell:

Contact:

Home/Cell:

Signature of Parent/Guardian:

Date: