

**SCHOOL DISTRICT OF THE CITY OF NIAGARA FALLS
HEALTH SERVICES
SEIZURE DISORDER - HEALTH CARE PROVIDER REFERRAL**

DATE

NAME _____ DATE OF BIRTH _____

SCHOOL _____ GRADE _____

SCHOOL NURSE _____ TELEPHONE _____

We have been informed that the above student has a seizure disorder and is currently under your care. In order that we may best provide for this child's well being while she/he is in school, we would appreciate the following information:

TO BE COMPLETED BY THE HEALTH CARE PROVIDER

Diagnosis _____

Medication/dosage _____

Last seizure _____

Frequency of seizures _____

Since it is not possible under present circumstances to supervise one individual child in swim classes more closely than any other, please note the District health policy for children with seizures participating in swim class. **CHILDREN WITH SEIZURE DISORDERS CANNOT PARTICIPATE IN SWIM PROGRAMS UNLESS THE FOLLOWING CONDITIONS ARE MET:**

1. Child is on medication, no seizures for one year, seizure disorder known to be of a type that is well controlled with medication.
2. History of seizures, child off medication for at least six months, no seizures for one year, seizure disorder known to be of a type with good prognosis, i.e., a type of seizure eventually "outgrown".
3. No climbing onto high places, i.e., rope climbing, ladders.
4. Any questions regarding policy or procedure are to be referred to Health Services, Director 284-0794, Nurse Practitioners/School Physician 286-0787/286-0788.

May participate in physical education program without restrictions?

GYM YES ___ NO ___ **POOL** YES ___ NO ___ **SPORTS** YES ___ NO ___

** If yes for sports Circle all sports student may participate in:

<u>CONTACT/COLLISION</u>		<u>LIMITED CONTACT</u>	<u>NON-CONTACT</u>	
Basketball	Ice Hokey	Baseball	Bowling	Tennis
Cheerleading	Lacrosse	Softball	Indoor Track	X Country
Diving	Soccer	Volleyball	Golf	Swim
Football	Wrestling		Track & Field	

IF RESTRICTIONS, PLEASE LIST _____

Other than emergency first aid, do you have any other instructions/comments _____

**** NEW INFORMATION****When developing plans to meet the needs of students diagnosed with seizure disorders, it is important to take into account the following:

1. The time it will take for a Registered Nurse (RN) to arrive to administer the medication.
2. The student's medication should be kept secure at a location ensuring NYSED Guidelines for Medication Management in Schools Last Updated September 2015 Page 33 administration within the time frame required in the provider's order.
3. The privacy needs of the student when a rectal medication is administered.
4. Administration of Diastat generally calls for emergency medical transport for further evaluation and treatment, unless otherwise ordered by the provider.

If no RN is available to administer Diastat CALL 911

X _____
Health Care Provider Signature Date Phone