## SCHOOL DISTRICT OF THE CITY OF NIAGARA FALLS HEALTH SERVICES

#### SEIZURE DISORDER - HEALTH CARE PROVIDER REFERRAL

NAME	DATE OF BIR	TH	
SCHOOL	GRADE	GRADE	
We have been informed that the above s best provide for this child's well being wh		s currently under your care. In order that we may preciate the following information:	
TO BE COMPLETED BY THE H	EALTH CARE PROVIDER		
Diagnosis			
Medication/dosageStudent may self-carry medication Requires a nurse on the bus and		rts? YES NO e medication? YES NO	
Last seizure			
Frequency of seizures			
Please see attached for the Dissports and swim class.	strict health policy for childr	en with seizures participating in	
May participate in <b>GYM YES</b>	NO POOL YE	S NO	
SPORTS YES NO If y	yes for sports Circle all sports	student may participate in:	
CONTACT/COLLISION  BASKETBALL ICE HOCKEY CHEERLEADING LACROSSE * DIVING SOCCER FOOTBALL WRESTLING  IF RESTRICTIONS, PLEASE LIST_	LIMITED CONTACT  BASEBALL SOFTBALL VOLLEYBALL	NON-CONTACT  **BOWLING TENNIS  **GOLF CROSS COUNTRY  SWIM TRACK (INDOOR)  TRACK & FIELD	
Other than emergency first aid, do y	ou have any other instructions/co	omments	
If no RN is available to administe YES NO	er Diastat/Valtoco CALL 911 in	nmediately upon seizure activity?	
X	Date	Phone	
XParent/Guardian Signature	Date	Phone	

# NFCSD Health Services: Seizure Management Guidelines for Student Participation In School and School Sponsored Activities

Most students with a history of seizures can participate in regular school activities with modifications that are determined by the parents, health care provider and school staff. School personnel should be familiar with the student's medications and potential side effects, be able to recognize signs of seizure-related behavior, know what to do when signs are observed, and know how to implement the established school emergency plan.

SEIZURE RISK CONSIDERATION	POTENTIAL RESTRICTIONS BASED ON PROVIDER ORDERS
Very Low Risk	
No seizures >2 years on or off medication	<ul> <li>May Consider Allowing Student to participate in all activities without restriction including:</li> <li>Drive</li> <li>Operate machinery</li> <li>Participate in all school activities without special accommodation or restrictions, including heights, with typical adult supervision ratios determined by the school.</li> <li>Ride bus without restriction or supervision</li> </ul>
Low Risk	Restrictions as above, with the following modifications
<ul> <li>No seizure in last 12 months on or off medication</li> <li>Seizures only during sleep</li> <li>Seizures without loss of consciousness</li> <li>Seizures without loss of body control</li> </ul>	May Consider Allowing Student to:  • Swim with normal student to life guard ratios of no more than 15:1
Medium Risk	Restrictions as above, with the following modifications
<ul> <li>At least one seizure in the past 1 year, but fewer than 1 per month</li> <li>Seizures while awake</li> <li>Seizures with loss of consciousness</li> <li>Seizures with loss of body control and at least one such seizure in preceding one year but less than one month.</li> </ul>	<ul> <li>May Consider Allowing Student to:</li> <li>Swim with certified lifeguard buddy and adult supervision in ratio of 10:1.</li> <li>Lift weights with 1:1 spotter or power-lifting with 1:2 spotters</li> <li>Participate in non-contact sports</li> <li>May consider limited contact sports with permission of neurologist based on seizure history in past year.</li> </ul>
	<ul> <li>May Consider Not Allowing Student to:</li> <li>Drive</li> <li>Operate open/heavy machinery with potential for injury (i.e. table saws, etc.) unless released from the child's neurologist and 1:1 adult supervision</li> <li>Be at heights off the ground greater than the child's own body height</li> <li>Participate in archery, riflery, fencing or wrestling</li> </ul>

# NFCSD Health Services: Seizure Management Guidelines for Student Participation In School and School Sponsored Activities

SEIZURE RISK CLASSIFICATION	POTENTIAL RESTRICTIONS BASED ON PROVIDER ORDERS
High Risk	Restrictions on previous page with the following modifications Strong recommendation to involve a child neurologist if none is involved
Seizures occurring 1 time per month or more frequent	May Consider Requiring Student to:
Seizures while awake	Have 1:1 monitor or LPN based on seizure frequency and duration
Seizures with loss of body control	• Participate in non-contact sports, however if far away from adult (e.g. cross country; skiing; etc., must pair with a partner who is equipped with cell phone to call for help)
	Do floor work – not being at heights off the ground greater than the child's own body height
	May Consider Not Allowing Student to:
	• Swim or swim only with 1:1 assistance with staff member in pool
	Weight lifting or use heavy equipment, even with spotters
	Participate in contact or collision sports or limited contact sports; Should use
	protective headgear during physical activity if prescribed by private provider or
	requested by parent and is consistent with rules of governing sports' body
Extremely High Risk	Restrictions as above, with the following modifications
Seizures occurring daily or more often	In most cases will require 1:1 monitoring by RN or LPN under the direction of RN, including
Seizures with loss of consciousness	during transportation
Seizures with loss of body control	

Medical recommendations were provided by:

Dr. Margaret McBride, Dr. Cynthia Devore and Dr. Jennifer Kwon (University of Rochester Medical Center Dept. of Child Neurology) Committee on School Health and Sports Medicine for Chapter I of District II of AAP.

This information may be used as a guide for district medical directors when discussing appropriate accommodations for students with their private health care providers and developing plans for safe school participation.

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#### **CLASSIFICATION OF SPORTS BY CONTACT**

CONTACT/COLLISION	LIMITED CONTACT	NONCONTACT
Basketball	Baseball	Bowling
Cheerleading	Softball	Golf
Diving	Volleyball	Swimming
Football (flag or tackle)		Tennis
Ice hockey		Track-Cross Country
Lacrosse		Track & Field
Soccer		Track-Indoor
Wrestling		

<sup>\*</sup>Adapted from the American Academy of Pediatrics classification of sports by contact table.

American Academy of Pediatrics, 2008 <a href="http://pediatrics.aappublications.org/content/121/4/841/T1.expansion">http://pediatrics.aappublications.org/content/121/4/841/T1.expansion</a>