

SCHOOL DISTRICT OF THE CITY OF NIAGARA FALLS
HEALTH SERVICES

SEIZURE DISORDER - HEALTH CARE PROVIDER REFERRAL

NAME _____ DATE OF BIRTH _____

SCHOOL _____ GRADE _____

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 Seizures while awake Seizures with loss of body control	May Consider Requiring Student to: Have 1:1 monitor or LPN based on seizure frequency and duration 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 Seizures with loss of consciousness Seizures with loss of body control	In most cases will require 1:1 monitoring by ftng or us mostor us

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CLASSIFICATION