

| - Deer Valley  | UNITION SCHOOL DISTRICT NO 97  |
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|                | What triggers the seizures? (examplenoise_blinking lights):  | Anamaaniy  |
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|                |  | execution and the second   |
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|                | How long doe the seizure activity last?  |  |
|                |  | and the second s |
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| ·              | Call 9-1-1 if seizure activity does not stop after minutes   | and the state of t |
|                |  |  |
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|                |  | Association and the second and the s |
| - K.           | Are there any warnings and or behavior changes before the seizure? If yes, please describe:  | AND HAVE A THE PROPERTY OF THE |
|                | Are there any warnings and or behavior changes before the seizure? If yes,   |  |
|                | Are there any warnings and or behavior changes before the seizure? If yes,   | And the state of t |
|                | Are there any warnings and or behavior changes before the seizure? If yes,   |  |
|                | Are there any warnings and or behavior changes before the seizure? If yes, please describe:  | And the analysis are applicable arrested of the analysis and the analysis and the analysis and the analysis are also and the analysis and the analysis are also and the analysis and the analysis are also analysis are also analysis and the analysis are also analysis and the analysis are also analysis and the analysis are also analysis are also analysis and the analysis are also analysis are also analysis and the analysis are also analysis are also analysis are also analysis and the analysis are also analysis are also analysis are also analysis and analysis are also analysis and analysis are also analysis and analysis are also analysis and analysis are also analysis and analysis are also analysis are also analysis are also analysis and analysis are also analysis are also analysis and analysis are also analysis are also analysis and analysis are also analysis are also analysis are also analysis are also analysis and analysis are also analysi |
|                | Are there any warnings and or behavior changes before the seizure? If yes,   |  |
|                | Are there any warnings and or behavior changes before the seizure? If yes, please describe:  Does your child need any protective equipment (helmet) or activity adaptations at                       |  |
|                | Are there any warnings and or behavior changes before the seizure? If yes, please describe:  Does your child need any protective equipment (helmet) or activity adaptations at                       |  |
|                | Are there any warnings and or behavior changes before the seizure? If yes, please describe:  Does your child need any protective equipment (helmet) or activity adaptations at                       |  |
|                | Are there any warnings and or behavior changes before the seizure? If yes, please describe:  Does your child need any protective equipment (helmet) or activity adaptations at                       |  |
|                | Are there any warnings and or behavior changes before the seizure? If yes, please describe:  Does your child need any protective equipment (helmet) or activity adaptations at school? If yes, what? |  |
|                | Are there any warnings and or behavior changes before the seizure? If yes, please describe:  Does your child need any protective equipment (helmet) or activity adaptations at school? If yes, what? |  |
|                | Are there any warnings and or behavior changes before the seizure? If yes, please describe:  Does your child need any protective equipment (helmet) or activity adaptations at school? If yes, what? |  |
|                | Are there any warnings and or behavior changes before the seizure? If yes, please describe:  Does your child need any protective equipment (helmet) or activity adaptations at school? If yes, what? |  |

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|--------------|-----------------------|---|-------------------------|
|              | School year           |   |                         |
|              | ·                     |   |                         |
| -            |                       | er Valley Unified School District           |                         |
|              | S                     | chool Health Plan for Seizures              |                         |
|              | Name of Student       | D.O.B                                       |                         |
|              |                       |   |                         |
|              | Directions to         | or Assisting a Student Who is Having a      | Seizure                 |
|              | If a seizure occurs:  |   |                         |
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|              | 2 Provide a safe envi | ronment by removing nearby hazardous o      | hiects that could/hanm  |
|              | the child.            |   | •                       |
|              |                       | child's head to one side to keep airway cle | ar and allow any fluids |
| ***          | in the mouth to dro   | ain harmlessly away.                        |                         |
|              |                       |   |                         |
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|          | School year        |   |   |  |  |
|----------|--------------------|---|---|--|--|
|          | /                  | Bus Route   |   |  |  |
|          |                    | Deer Valley Unified School District<br>Bus Health Plan for Seizures |   |  |  |
|          | Name of<br>Student | D.O,B,  |   |  |  |
|          | Cchael Inna auam   |   |   |  |  |
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|          | <u> </u>           | E. A. J. W. Candens on Call of D. William 11 1                      | , |  |  |
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1. Gently ease student to a comfortable position (sitting or lying) on floor or seat.

3. Stay with student and provide comfort during the seizure(s).

4. Manual to the shift had to an aid to be simply along and allow their the

2. Clear the area around student of anything that could hurt/harm the child.