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**Individual Epilepsy Plan – Administering Rescue Medication**

This care plan should be completed by or in consultation with the medical practitioner

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| **Details of Child and Condition** |
| **Name:** | **School:** |
| **Date of birth:** | **Class:** |
| **Emergency Contact**  |
| **Name:****Relationship:** | **Contact Number:** |

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| **Any triggers or warning signs prior to a seizure:****Frequency of seizures:** |

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| **Usual care during a seizure: Observe the time the seizure started** **Stay with child/young person and reassure** **Seek help** **Protect head from injury** **Maintain privacy and dignity** |

**Tonic – Clonic Seizure**

**In the event of a Tonic-Clonic seizure, call 999 for an ambulance.**

**Absence seizure**

**This plan has been agreed by the following:**

**Parent / Carer Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_**

**Headteacher/Medical Coordinator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_**