



Rainy River District Transportation Services Consortium Epilepsy Emergency Treatment Protocol Registration- F04

Name of Student _____

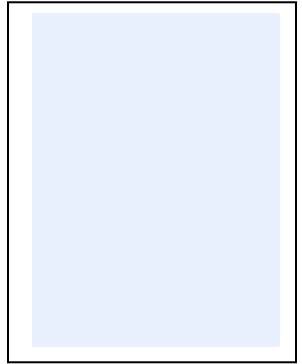
Home Form Teacher _____

School _____ Year _____ Grade _____

Location of Treatment Supplies _____

Pick-up and Drop-off Bus Route Numbers
(If Student is Transported) _____

Transportation Address _____



SYMPTOMS:

(To be completed by parent/guardian)

GENERAL COURSE OF ACTION:

If a student suffers an epileptic seizure the following course of action should be taken:

- Without unnecessary restriction of movement, prevent injury from falling, striking objects, etc.
- DO NOT LEAVE THE STUDENT ALONE.
- If the student is having a seizure or unable to swallow, do not give food or drink.
- After the seizure has run its course, encourage the student to lie down and keep him/her warm.
- Contact the parents or guardians:

Mother:	or Father:	or Emergency Contact:
Phone:	Phone:	Phone:

SPECIFIC COURSE OF ACTION:

(To be completed by parent/guardian)

Signature of parent/guardian _____ Date :

Distribution: Transportation Officer for distribution to the school bus operator (bus driver and RRDTs), School (for posting in staff areas).