



Fairview Community Primary School

EPILEPSY - CARE PLAN

Pupil Information

Child's name

Date of birth

Child's address

Medical condition or allergy

Date

Review date (to be completed by school)

Family Contact Information

1st Emergency Contact Name

Relationship to child

Phone no. (mobile)

Phone no. (work)

2nd Emergency Contact Name

Relationship to child

Phone no. (mobile)

Phone no. (work)

Clinic/Hospital Contact (if applicable)

Name

Phone no.

G.P.

Name

Phone no.

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New Anstey House, Gate Way Drive, Yeadon, Leeds LS19 7XY United Kingdom

tel. 0113 210 8800 • email epilepsy@epilepsy.org.uk • epilepsy.org.uk • Epilepsy Action Helpline freephone 0800 800 5050

Registered charity in England (No. 234343)

Details of epilepsy / epilepsy syndrome

Seizure(s) – type, what happens before, during and after, frequency, and duration

1.

2.

3.

Action to be taken during and after a seizure

1.

2.

3.

Emergency procedure if seizure lasts more than _____ minutes

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Is an emergency medicines care plan in place: yes / no

Emergency medicine(s) *(only to be administered by named and trained members of staff)*:

| | |
|---|--|
| Name and dose of medicine | |
| Named individual(s) who may give medicine | |

Epilepsy medicine(s)

| | | |
|-------|-------|------------|
| Name: | Dose: | Time given |
| Name: | Dose: | Time given |
| Name: | Dose: | Time given |

Support needed after a seizure

| |
|--|
| |
|--|

Side-effects of medicine(s)

| |
|--|
| |
|--|

Information about other treatments

| |
|--|
| |
|--|

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Seizure triggers (if known)

Specific support or equipment required (for medical, learning, social, emotional needs)

Activities that require special precautions, and how to manage

Arrangement for school trips

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Other information

This plan has been agreed by:

| | |
|-------|-----------------|
| Name: | Signature: |
| Role: | Contact number: |

| | |
|-------|-----------------|
| Name: | Signature: |
| Role: | Contact number: |

Details of staff training required/undertaken (to be completed by school)