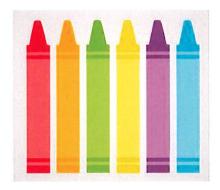


1115 Fairgrounds Road Jefferson City, MO 65109 573-634-3070 573-636-3247 (fax)



# Crayon Kids Parent Handbook

"Where all Children are Special"

## TABLE OF CONTENTS

Terminology	Page 3
Philosophy	Page 3
Communicating with families and negotiating differences	Pages 3 - 4
Enrollment	Pages 4 - 5
Tuition and Fees	Page 5
Crayon Kids' Schedule	Pages 5 - 6
Our Classrooms	Pages 6 - 7
Guidance and Discipline	Page 7
Policies and Procedures	Pages 7 - 10
Waiver of Liability	Page 10
HIPPA	Page 11

The Special Learning Center's Crayon Kids' daycare program offers childcare for children with and without developmental delays and disabilities. Staff within the Crayon Kids' program are trained and experienced in child development. Maintaining a high level of professionalism, our staff members each receive a minimum of 12 hours of continuing education within related fields of expertise on an annual basis.

#### **TERMINOLOGY**

**Special Learning Center** A unique educational and therapeutic facility that contains

many services, including the SLC Program and Crayon Kids.

**SLC Program** Educational classes with therapeutic emphasis. Most children will have

an IEP (Individualized Educational Plan) or IFSP (Individualized Family

Service Plan).

Crayon Kids A preschool/childcare program within the Special Learning Center

for children with and without disabilities. Each classroom is named after

the stages of writing.

**Doodles** – infant to twenty-four months

**Scribbles** – two to three year olds **Scribes** - three to five year olds

#### **PHILOSOPHY**

We believe that quality childcare and education depends upon consistency, warmth, and support. Children grow and learn best in a safe environment that provides opportunities to explore, play, create and communicate with other children and adults. The children at Crayon Kids interact independently, but cooperatively, following routines.

The first years of a child's life consist of rapid physical, mental and emotional growth. It is essential that children have a structured developmental program in order to progress to their maximum potential. Crayon Kids' curriculum is designed to be developmentally appropriate for every age group and for each individual child.

Children at Crayon Kids are encouraged to develop a positive self-image. They are given limits to help recognize and develop their emotions and express their feelings as they grow and learn. We will help them to develop self-discipline and the ability to make choices. Each child will be encouraged to express their thoughts, ideas, and feelings and learn to communicate them to others.

#### COMMUNICATING WITH FAMILIES AND NEGOTIATING DIFFERENCES

At Crayon Kids, we believe that strong communication between the teacher and the families is crucial to the development of the child enrolled at the center. There are many ways that we can communicate, as follows:

<sup>\*</sup>Newsletters

<sup>\*</sup>Telephone calls / Texting

- \*Email
- \*Daily Sheets
- \*Notices
- \*Parent meetings

Each student, parent and/or guardian shall be entitled to receive services without limitations or discrimination on the grounds of race, color, age, gender, religion, national origin and/or disability. A copy of *Client Rights and Explanations* is on file and available to each parent. If you would like a copy, please let the office know.

If you have a grievance against any of the actions of the Special Learning Center as it relates directly or indirectly to you or your child, you have the right to file a grievance with the agency. This policy is on file, and you may request a copy from the office.

#### **ENROLLMENT**

Our enrollment process begins with filling out the forms listed below:

- \*Contract
- \*Enrollment Form
- \* Food Program/ Income Eligibility
- \*Safe Sleep
- \*Field Trip Permission
- \*Photography Consent
- \*Topical Application
- \*Medical Examination Report (A medical examination report <u>must</u> be completed by a physician <u>prior</u> to entry into the Program.)
- \*Immunization Record
- \*Seizure Plan (if applicable)
- \*Medical Accommodations (if applicable)
- \*Infant and Toddler Feeding Care Plan (if applicable)

If there has been a change to any of the information on the enrollment form, please inform us immediately.

#### Withdrawal and changing policy

A two week notice is required before a child can be withdrawn. However, a child may be asked to leave immediately if the director of the Center has determined that the child is unsuited for the Center's environment.

#### **Medical Records**

If we will need to have any medical reports from physicians, therapists, or counselors who see your child, we will request <u>only</u> information that will enable us to better serve your child. You will need to sign an *Inter-Agency Authorization for Exchange of Information* form for us to obtain this information. We will also provide copies of evaluations and/or therapy notes to others serving your child if you sign this form authorizing us to share the information. The form can be obtained from the office.

#### Specialized service and Treatment

If your child has any specialized support services, the Special Learning Center requires the updated information for the child's file. The child's caregiver may be asked to fill out an *Authorization for* 

**Release of Patient Information**, if necessary, in order to communicate with such providers. The information obtained will be used to plan care for the child and is confidential between and/or among the respective agencies. This form can be obtained from the office.

#### We need copies of any of the following:

Individual Family Service Plan Individual Education Plan Division of Family Service Plans Seizure or Emergency Plan (if applicable)

#### We need to be informed if your child is:

A client of a specialized treatment center such as Easter Seals Services
A client of child's county Senate Bill 40 Board
A patient with a team of specialists or therapists at a hospital or a specific physician
Affiliated with specialized schools such as the Missouri School for the Blind, Missouri School for the Deaf, Headstart, etc.

#### **TUITION AND FEES**

There is a one-time registration fee of \$50, due when the paperwork is turned in and will be applied toward the first month of tuition.

Tuition <u>must</u> be paid by the 1<sup>st</sup> of each month. An invoice will be sent home the week prior. Tuition is currently as follows:

Doodles-\$180 per week (\$36/day) Scribbles-\$145 per week (\$29/day) Scribes-\$145 per week (\$29/day)

You will not be billed for the days we are scheduled to be closed.

Late payment/late pick up: If your monthly tuition payment is more than 5 days late, your child will <u>not</u> be allowed to attend <u>until</u> a payment plan is arranged. For each 5 minutes a child is picked up late, you will be charged an additional \$5. This will be added to your <u>next</u> scheduled monthly invoice.

\*We accept state payment by DSS, if you qualify. Please discuss with the Crayon Kids' director.

#### **CRAYON KIDS' SCHEDULE**

Crayon Kids offers childcare from 7:30 a.m. to 5:30 p.m., Monday through Friday. The Crayon Kids' program follows the Special Learning Center's yearly calendar, given to parents in the summer with all scheduled closings for the school year.

#### Drop Off and Pick Up

Your child must be dropped off before 9:30 a.m. If your child has a doctor's appointment, please inform the director as soon as possible. Your child may be dropped off after the appointment with a doctor's note.

We have an "outdoor and lobby" drop off and pick up policy. This is to limit the number of people in the building at a time, thereby reducing the spread of germs and allowing for easier transitions.

If someone other than the parent or legal guardian will be picking the child up from school, he/she <u>must</u> be listed in the child's file. If the person's name is not on file, the child will <u>not</u> be permitted to go with an unauthorized person <u>until</u> the parent can be contacted. If there is an emergency and you will be sending someone not on your list, please call the office so that we will be aware of the circumstances.

\*Please call the office if your child will be absent.

If, for any reason, we need to close the Special Learning Center, we will announce the cancellation on local radio and TV stations. We will also put the information regarding closings on our school phone answering machine as well as the Special Learning Center's Facebook page. We will announce any cancellation as far in advance as possible.

#### Meals

Breakfast is served between 7:30 a.m. -8:45 a.m. We have a morning snack between 9:30 a.m. -10:00 a.m. and lunch is offered at 11:00 a.m. We will also have an afternoon snack between 2:00 p.m. -2:30 p.m.

Any special dietary requirements including food allergies, sensitivity, or culture factor <u>must</u> be listed on the child's enrollment form <u>and</u> told directly to the Crayon Kids' director.

#### **Rest Time**

Each child is provided with his or her own cot with specific bedding we provide. If you would like to send a blanket to stay at the center, please put your child's name on it. Nap time is from 11:45 a.m. – 2:00 p.m.

\*Doodles/ Infants' schedule will vary based on each child's schedule.

#### **OUR CLASSROOMS**

Crayon Kids is licensed with the state for 35 children.

The <u>Doodles'</u> classroom serves 8 children from the age of six weeks until age two (unless otherwise approved) with and without disabilities. Our main concern is giving the children a safe environment, care, and love. In this environment the infant has the best opportunity to grow and learn. Every child will eat, sleep, and play according to his or her own schedule. We promote children learning through their own curiosity. Our infant program realizes that every child is an individual and has unique characteristics and schedules. We provide stimulating activities that encourage visual language, gross motor, and small motor experiences.

The <u>Scribbles'</u> classroom serves children from the age of two through age 3 (unless otherwise approved) with and without disabilities. The Scribbles' classroom is designed so that each child can learn and develop as individuals. At this age it is important to build their independence, self-confidence, and curiosity.

The <u>Scribes'</u> classroom serves children from the age of 3 through age 5 (unless otherwise approved) with and without disabilities. This is considered our preschool classroom. This room prepares the children academically, emotionally, and socially for their ongoing success in kindergarten. The curriculum and activities in this room will promote social, emotional, intellectual, and physical growth.

The teachers provide hands-on activities as well as paperwork activities. We strive to accommodate every learning strategy.

#### **GUIDANCE AND DISCIPLINE**

We view behavior management as a <u>teaching moment</u> instead of a reward/punishment plan. The following techniques are utilized by the Special Learning Center as discipline guidelines:

- 1. The SLC staff shall establish simple, understandable rules for children's behavior and shall explain them to the children.
- 2. Expectations for a child's behavior shall be appropriate for the developmental level of that child.
- 3. Only constructive, age-appropriate methods of discipline shall be used to help children develop self-control and assume responsibility for their own actions.
- 4. Praise and encouragement of good behavior shall be used instead of focusing only upon unacceptable behavior.
- 5. Firm, positive statements or redirection of behavior shall be used.
- 6. No discipline technique that is humiliating, threatening or frightening to children shall be used. Children shall not be shamed, ridiculed or spoken to harshly, abusively or with profanity.
- 7. Punishment or threat of punishment shall not be associated with food, rest or toilet training.
- 8. Brief, supervised separation from the group may be used based on a guideline of one minute of separation for each year of the child's age.
- 9. Children shall not be permitted to intimidate or harm others, harm themselves, or destroy property.

If a child's behavior is a potential hazard to him/her or to others and the least restrictive alternative has failed, physical restraint will be used for the child's safety under the supervision of a team member. Parents will be notified if such methods are implemented. If the unacceptable behavior still continues and the child is not willing to try to correct it, the parents will be notified and asked to pick up their child within a 30-minute time period. A behavior management plan may need to be implemented. Cooperation between the parents and the staff is very important.

#### POLICIES AND PROCEDURES

#### Wellness policy

The following information is provided to help parents regarding certain conditions that require exclusion from school until your child has fully recovered.

- Fever of 100 degrees or more
- Vomiting, regardless of the cause.
- Diarrhea, 2 or more abnormally loose stool.
- Fainting
- Strep throat (following positive culture, child must be on antibiotics and without fever for 24 hours or more before returning)
- Red, inflamed eyes (Pink Eye) until diagnosed and treated
- Undiagnosed rashes, unusual spots, and/ or bites including but not limited to:

Impetigo

Ringworm

Head lice (excluded until proper medical treatment has been initiated and all nits have been removed)

Fleas (excluded until proper treatment has been initiated and all fleas have been removed)
Scabies (excluded until appropriate medical treatment has been received)
Chickenpox (excluded for seven days from onset of rash or until pox have all scabbed over)
Bed Bugs (excluded until proper treatment has been initiated and all bed bugs have been removed)

If your child should become ill while at the SLC, you will be notified and expected to pick up your child as soon as possible (within 30 minutes of notification). The ill child will be separated from the rest of the children so as not to spread the illness. If your child has a fever of 100 degrees or more when you pick up your child, he/she will be expected to stay home the next 2 days. It is our policy that a child may not return to school until fever free without medication for 48 hours.

In the event of surgery, hospitalization or contagious disease, parents must provide the school with a release note from the doctor when the child returns to school. The release note should include the type of surgery, reason for hospitalization and any therapy orders to be followed at school.

We appreciate parents sharing the diagnosis and treatment of children who are seen by their physician so we can be alert to possible problems in other children.

#### **Medication policy**

Please do not send medicine to school unless it is absolutely necessary and you have a statement from the doctor that the medication must be given during school hours. You will also need to inform the Crayon Kids' director prior to sending the medication to the school. When medication is sent to school, it must be in the original container with the name of the child, physician's name, name and dosage of the medication and time to be given. A *Medication Authorization Form* (Appendix C) must be completed and signed by the parents.

If there are any changes to medication that would create a change in behavior and/or health, whether given or not given at the center, please inform us immediately.

If your Child has a history of seizures, a *Seizure Action Plan* (Appendix D) must be provided by the child's physician. We also require that it be updated annually or as soon as any changes are made.

Absolutely **no** nonprescription medication will be administered by school personnel.

A separate form must be completed for children with long-term health problems requiring daily medications. This form must be signed by the parent and the family physician.

#### **Allergies**

We are a **peanut butter free** building. It is crucial that we are aware of any allergies your child has. If we are not aware of the allergy, we are not held accountable for the child ingesting the allergen, or the cost associated.

### Child's personal medical and educational equipment policy

It is important that your child brings his or her personal equipment each day so that learning can take place. This equipment includes, but is not limited to, the following:

- Augmentative communication device
- Wheelchair

- AFO's (Ankle Foot Orthosis)
- Hand splints/braces

- Hearing aides
- Glasses

Suction machines

Per our policy, if your child requires any personal equipment, he or she have the equipment on and ready at the time of drop off.

Biting policy

The Special Learning Center biting policy explains procedural steps for handling biting as well as administrative policy with regard to biting incidents. The SLC policy states that after a child has a second biting incident, the child will be removed from the facility until a family meeting can be held to address a plan of action for staff to try with the child. If there is a third incident, the child will be removed for two weeks. If the child bites a fourth time he/she will be removed indefinitely. Incident reports will be completed each time a child bites or is bitten for families to review. Long term biting that goes on unaddressed will not be tolerated.

If there is a persistent pattern of biting, an appropriate professional will be consulted, such as the child's special education teacher, therapist, health care provider, psychologist or child psychiatrist. A health care provider should be consulted whenever the biting results in a child's skin being broken, regardless of the age of the child.

NO SPANKING is allowed on the Special Learning Center premises. In compliance with the Missouri Department of Mental Health guidelines, the SLC adheres to the policy of no corporal punishment on the premises by any one at any time.

A written policy, as required by the Department of Mental Health and the Department of Elementary and Secondary Education, is on file and available to each parent. If you would like a copy, please let the office know. Our policy is to always maintain a safe and pleasant atmosphere for your children. However, due to the nature of our Program, it is necessary to have some specific guidelines on file to follow as needed.

#### Injury/emergency policy

The staff at Crayon Kids do our best to provide for the safety of your children; however, from time to time, children do get bumps, bruises and injuries. If your child is involved in any incident, first aid will be performed and an accident/incident report will be filled out and signed by the director, witness, and teacher and sent home to you for your signature.

#### Child abuse policy

All the staff at Crayon Kids/ the Special Learning Center are mandated reporters and are required to report any suspected abuse or neglect; if any type of abuse or neglect is suspected it will be reported to the state hotline.

#### Field trips

We will be taking field trips throughout the year. Notification will be sent home prior to each trip. We ask parents from time to time to assist by accompanying us on a field trip or by providing a donation to help defray the cost of these trips. We want you to know that we always appreciate your willingness to help. We also send a permission slip home before each individual field trip.

#### Personal Belongings

Personal items are best left at home for safekeeping. If something is lost at the Special Learning Center, we will not be held accountable.

Under NO circumstances can a toy weapon or any item that may appear to be a threat be brought to the Special Learning Center.

#### **WAIVER OF LIABILITY**

The Special Learning Center does not employ physicians, nurses, nurse practitioners or any other licensed medical personnel on site, other than the licensed therapists on staff to provide therapy services.

Revised 7-20

#### **HIPAA**

#### HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOUR CHILD MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

Our center is dedicated to maintaining the privacy of your child's individually identifiable health information (IIHI). Your child's records (as required by law) are maintained in strictest confidentiality. We are required by law to provide you with this notice regarding IIHI.

This notice applies to personal medical/health information that we have about your child and which is kept at this agency. If you have any questions, please contact the Privacy Officer for this facility.

Without your permission, we may use your child's personal information:

As required by State, Federal, or local law. This includes investigations, audits, inspections and licensure

When ordered to do so by a court

Public health risks

To send you appointment reminders regarding your child.

Your rights regarding your child's IIHI:

Confidential Communications with you regarding your child

Inspection and copies of your child's records that are generated by our agency Right to file a complaint

Right to provide an authorization for other uses and disclosures

To file a complaint if you believe any of your child's rights have been violated.

If you wish to exercise any of these rights or file a complaint, you should contact the Privacy Officer of this facility:

Privacy Officer Special Learning Center 1115 Fairgrounds Road Jefferson City, MO 65109 (573) 634-3070.



# MEDICAL EXAM REPORT AND IMMUNIZATION RECORD RELEASE FORM

I give permission for	to release the
(Physician)	
Immunization Record for my child to the Special Learelease is for child care/school purposes only.	rning Center. This
Child Name	
Date of Birth	
Parent/Guardian Name	
Signature	DATE

1115 Fairgrounds Road • Jefferson City, MO 65109 P: 573-634-3070 • F: 573-636-3247 • www.speciallearningcenter.com



# INTER-AGENCY AUTHORIZATION FOR EXCHANGE OF INFORMATION

Child's Name:			
Date of Birth:			
understand this information wi		dinate care for my child and is	s confidential between
or among these agencies/provid			
Please list the names of the peop	ple/programs that wor	k with your child.	
Service	Practice	Provider Name	Date Last Seen
Pediatrician/Physician			
Specialists			
Preschool			
Childcare			
Physical Therapist			
Speech Therapist			
Occupational Therapist			
Counselor/Psychologist		4	
Head Start Program			
Division of Family Services			
Caseworker/Case			
Coordinator			
Dietician/Nutritionist			
Hospital			
Other			
Specific Information requested:			
I hereby authorize any prior or institution, to release all medic listed above and Special Learning	al information by any		
Parent/Legal Guardian Signature		Date	
raising Legal Guardian Signature			
Please mail or fax records to:	Special Learnin		
	1115 Fairgroun		
	Jefferson City,	MO 92103	

Fax: 573-636-3247



### MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES

#### SECTION FOR CHILD CARE REGULATION

#### **MEDICATION AUTHORIZATION**

MEDICATION REQUIREMENT				
PRESCRIPTION MEDICATION SHALL BE IN T INCLUDING TIMES AND AMOUNTS FOR DOS BE IN THE ORIGINAL CONTAINER AND LA ADMINISTRATION, INCLUDING TIMES AND A THIS FORM IS VALID ONLY FOR THE DATES	SAGES, AND THE ABELED BY THE AMOUNTS FOR D INDICATED BELO	E PHYSICIAN'S NAME. ALL NON- E PARENT(S) WITH THE CHILD DOSAGES. A SEPARATE FORM I OW.	PRESCRIPTION ME 'S NAME AND INS <sup>-</sup> S NEEDED FOR EA	DICATION SHALL FRUCTIONS FOR
I AUTHORIZE CHILD CARE PERSONNEL TO	ADMINISTER THE	E FOLLOWING MEDICATION TO	MY CHILD:	
(PROPER NAME OF MEDICATION)				
CHILD'S FULL NAME		DATE MEDICATION TAKEN FROM	UNTIL	
DOSAGE		TIME(S) OF DAY		±:
POSSIBLE SIDE EFFECTS				
SIGNATURE OF PARENT(S) OR GUARDIAN			DATE	
RECORD OF ADMINISTRATION			_	
STAFF NAME	DATE	MEDICATION NAME	DOSAGE	TIME
			1	



# Seizure Action Plan Effective Date

## Record seizure in log For tonic-clonic seizure:    Finded Response	This student is bein school hours.	ig treated for a seizui	e disorder. The i	information below should as	ssist you if a seizure occurs during
Other Emergency Contact  Treating Physician  Significant Medical History  Seizure Information  Saizure Type  Length  Frequency  Description  Saizure Type  Length  Frequency  Description  Saizure triggers or warning signs:  Student's response after a seizure:  Saizure triggers or warning signs:  Student's response after a seizure:  Basic First Ald: Care & Comfort  Please describe basic first aid procedures:  Complete Saizure Emergency  If YES, describe process for returning student to classroom:  Emergency Response  A "seizure emergency" for this student is defined as:  Contact school nurse at Call 911 for transport to Call 911 for transport to Solicure in Call 91 for transport to Solicure in Call 191 for transport	Student's Name			Date of Birth	
Significant Medical History  Seizure Information  Seizure Type	Parent/Guardian		Phone		Cell
Significant Medical History  Selzure Information  Selzure Type	Other Emergency Cor	ntact		Phone	Cell
Seizure Type	Treating Physician			Phone	
Seizure Type	Significant Medical His	story			
Seizure triggers or warning signs: Student's response after a seizure:    Basic First Ald: Care & Comfort	Seizure Information	on			
Basic First Aid: Care & Comfort  Please describe basic first aid procedures:  Does student need to leave the classroom after a seizure?   Yes   No If YES, describe process for returning student to classroom:  Emergency Response  A "seizure emergency" for this student is defined as:  Ochicat school nurse at   Call 911 for transport to   Other   Other    Notify parent or emergency medications as indicated below   Notify doctor   Other    Treatment Protocol During School Hours (include daily and emergency medications)  Dosage & Common Side Effects & Special Instructions  Treatment have a Vagus Nerve Stimulator?   Yes   No If YES, describe magnet use:  Special Considerations and Precautions (regarding school activities, sports, trips, etc.)  Describe any special considerations or precautions:	Seizure Type	Length	Frequency	Description	
Basic First Aid: Care & Comfort  Please describe basic first aid procedures:  Does student need to leave the classroom after a seizure?   Yes   No If YES, describe process for returning student to classroom:  Emergency Response  A "seizure emergency" for this student is defined as:  Ochicat school nurse at   Call 911 for transport to   Other   Other    Notify parent or emergency medications as indicated below   Notify doctor   Other    Treatment Protocol During School Hours (include daily and emergency medications)  Dosage & Common Side Effects & Special Instructions  Treatment have a Vagus Nerve Stimulator?   Yes   No If YES, describe magnet use:  Special Considerations and Precautions (regarding school activities, sports, trips, etc.)  Describe any special considerations or precautions:					
Please describe basic first aid procedures:  Dess student need to leave the classroom after a seizure?   Yes   No   Stay with child until fully conscise   Yes, describe process for returning student to classroom:    Tyes, describe process for returning student to classroom:   Yes   No   Stay with child until fully conscised   Protect head   Stay with child until fully conscised   Protect head   Seizure emergency   For tonic-clonic seizure:   Protect head   Keep airway open/watch breath   Yes   Protect head   Keep airway open/watch   Yes   Protect head   Yes   Protect	Seizure triggers or wa	arning signs:	Student	's response after a seizure:	
Please describe basic first aid procedures:  Dess student need to leave the classroom after a seizure?   Yes   No   Stay with child until fully conscise   Yes, describe process for returning student to classroom:    Tyes, describe process for returning student to classroom:   Yes   No   Stay with child until fully conscised   Protect head   Stay with child until fully conscised   Protect head   Seizure emergency   For tonic-clonic seizure:   Protect head   Keep airway open/watch breath   Yes   Protect head   Keep airway open/watch   Yes   Protect head   Yes   Protect	Desir First Aid O	saus 9 Ossufout			Basic Seizure First Aid
Does student need to leave the classroom after a seizure?   Yes   No   Stay with child until fully conscised process for returning student to classroom:   Yes   No   Stay with child until fully conscised process for returning student to classroom:   Yes   No   Stay with child until fully conscised process for returning student to classroom:   Yes   No   Second seizure in log   For tonic-clonic seizure:   Protect head   Keep airway open/watch breath   Turn child on side   Keep airway open/watch breath   Yes   No   Keep airway open/watch breath   Yes   Yes   No   Seizure Emergency Protocol   (Check all that apply and clarify below)   Contact school nurse at   Call 911 for transport to   Notify parent or emergency contact   Administer emergency medications as indicated below   Notify doctor   Other   Student has repeated seizures regaining consciousness   Student has a first-time seizure   Student has a seizure in water   Student has a seizure					
this student is defined as:    Check all that apply and clarify below    Contact school nurse at   Considered an emergency     Contact school nurse at   Considered an emergency     Contact school nurse at   Considered an emergency     Convulsive (tonic-clonic) seizur longer than 5 minutes     Student has repeated seizures regaining consciousness     Student is injured or has diabet     Student has a first-time seizure     Student has a first-time seizure     Student has a seizure in water     Student has preading difficultie     Student has preading seizures     Student has preading seizure	If YES, describe proce	ess for returning stude		☐ Yes ☐ No	Do not restrain     Do not put anything in mouth     Stay with child until fully conscious     Record seizure in log     For tonic-clonic seizure:     Protect head     Keep airway open/watch breathing
Emerg. Med. / Medication Dosage & Time of Day Given Common Side Effects & Special Instructions  Does student have a Vagus Nerve Stimulator?  No If YES, describe magnet use:  Special Considerations and Precautions (regarding school activities, sports, trips, etc.)  Describe any special considerations or precautions:  Physician Signature	A "seizure emergency" for this student is defined as:  Seizure Emergency Protocol (Check all that apply and clarify below)  Contact school nurse at Call 911 for transport to Notify parent or emergency contact Administer emergency medications as indicated below Notify doctor		longer than 5 minutes  Student has repeated seizures without regaining consciousness  Student is injured or has diabetes  Student has a first-time seizure  Student has breathing difficulties		
Med. Medication  Time of Day Given  Common Side Effects & Special Instructions  Does student have a Vagus Nerve Stimulator?  No If YES, describe magnet use:  Special Considerations and Precautions (regarding school activities, sports, trips, etc.)  Describe any special considerations or precautions:  Physician Signature	Treatment Protoc	ol During School H	ours (include d	aily and emergency medi	cations)
Special Considerations and Precautions (regarding school activities, sports, trips, etc.)  Describe any special considerations or precautions:  Physician Signature				Common Side Eff	ects & Special Instructions
Special Considerations and Precautions (regarding school activities, sports, trips, etc.)  Describe any special considerations or precautions:  Physician Signature	Dage student have a	Vagua Navya Stimula	tor2 🗆 Voc	■ No. If VES, describe mo	ognat lisa:
Describe any special considerations or precautions:  Physician Signature	Does student flave a	vagus nerve sumula	101: D 165 L		
				school activities, sports,	trips, etc.)
Parent/Guardian Signature Date	Physician Signature	i		Dat	е,
Faienvaluari Signature	Parent/Guardian Signature		Dat	<b>e</b>	