



Queen Creek Unified School District

Individualized Emergency Seizure Bus Care Plan

Student Name: _____ DOB: _____

School: _____ Grade: _____ Date: _____

Route: _____ Teacher: _____

Seizure Activity

EMERGENCY PLAN:

1. **STOP the bus.**
2. **Note and record length of seizure.**
3. **Guide student to the floor. If student is in a wheelchair, keep student in wheelchair.**
4. **Move or guide away from harm.**
5. **Turn the student on their side. If in a wheelchair position student to maintain airway.**
6. **If seizure lasts more than 2 minutes or they are having repeated seizures, call 911.**
7. **DO NOT hold student down.**
8. **DO NOT put anything in their mouth.**
9. **Report incident to school and/or parent.**

Emergency Contact Name: _____ Phone No. _____

Parent/Guardian Signature: _____ Date: _____

Nurse/Health Aide Signature: _____ Date: _____

EMAIL THIS FORM TO QCUSD TRANSPORTATION DEPARTMENT