**CAPE /Head Start/ Early Head Start Section 3. Forms**

**Procedure for completing form:**

Seizure Care Plan

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|  | **STEPS** | **PERSON RESPONSIBLE** | **TIME LINE** |
| 1. | Seizure Care Plan should be supplied by the Coordinator of Health Services, FA, to the teacher for the child’s education file. A blank form is available on the Intranet. | CHS, FA  | As needed |
| 2. | Staff is to ensure they have a clear understanding of child’s needs and all medication necessary. | Teachers, Caregivers,  | As needed |
| 3. | Notification of medical issues must be posted within the classroom with a cover sheet. | Teachers, Caregivers,  | As needed |

 MH 7/22/15