Following administration of Emergency Seizure Medication to students, schools may choose to utilize this data collection tool. While not mandatory, collecting this information will allow the district to monitor the incidence and details of Emergency Seizure Medication use in schools.

1. School District Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Type of School: 🞏 Public 🞏 BOCES 🞏 Nonpublic/Private

🞏 Charter 🞏 4201 (NYS Operated Schools) 🞏 Other\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Level: 🞏 PreK/K 🞏 Middle School 🞏 PreK – 12

🞏 Elementary 🞏 High School 🞏 Other\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Date of Occurrence: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Time of Occurrence: \_\_\_\_\_\_\_\_\_\_\_\_\_am / pm

5. Name of Emergency Seizure Medication Administered: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Emergency Seizure Medication given:

🞏 Before school 🞏 During school 🞏After school 🞏 Activity not related to school

🞏 If before or after school, incident occurred during: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Did this individual have a previous history of Emergency Seizure Medication use?

🞏 Yes 🞏 No 🞏 Unknown

8. Location of individual when symptoms developed:

🞏 Bus 🞏 Cafeteria 🞏 Classroom/Hallway 🞏 Gym 🞏 Outdoors 🞏 School Office 🞏 Other \_\_\_\_\_\_\_

9. Location of individual where Medication was administered:

🞏 Bus 🞏 Cafeteria 🞏 Classroom/Hallway 🞏 Gym 🞏 Outdoors 🞏 School Office 🞏 Other\_\_\_\_\_\_\_\_

10. Location of Medication storage:

🞏 Gymnasium 🞏 Health Office 🞏 Main Office 🞏 Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. Medication was administered by:

🞏 RN 🞏 Parent/Parent Designee

🞏 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

12. Approximate time between onset of symptoms and administration of Medication:

🞏 1 – 5 minutes 🞏 Greater than 10 minutes

🞏 6 – 10 minutes

13. Is there an Emergency Care Plan in place?

🞏 Yes 🞏 No 🞏 Unknown

14. Was the School Medical Director notified of the incident?

🞏 Yes 🞏 No 🞏 Unknown

15. Was the student transported to the Emergency Room after the incident?

🞏 Yes 🞏 No

16. Was a debriefing (follow-up) meeting held concerning this incident?

🞏 Yes 🞏 No