Reset Form

EXCEPTIONAL FAMILY MEMBER PROGRAM (EFMP)
CYS SERVICES EPILEPSY/SEIZURE MEDICAL ACTION PLAN

For use of this form, see AR 608-75; the proponent agency is ACSIM.

(To be completed by a licensed Health Care Provider)

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 3013, Secretary of the Army; 29 U.S.C. 794, Nondiscrimination Under Federal Grants and Programs; DoDI 1342.17 Family Policy; AR 608-75, Exceptional Family Member Program; DoDI 6060.02, Child Development Programs; AR 608-10, Child Development Services.

PRINCIPAL PURPOSE: Information will be used to assist Army activities in their responsibilities in the overall execution of the Army's Exceptional Family Member Program and Child, Youth and School Services Programs.

ROUTINE USES: The DoD "Blanket Routine Uses" that appear at the beginning of the Army's compilation of systems of records apply to this system.

DISCLOSURE: Disclosure of requested information is voluntary; however, if information is not provided individual may not be able to utilize Army Child, Youth and School Services.

Child/Youth's Name	Date of Birth	Date(YYYY-MM-DD)	Sponsor Name

Sponsor/Guardian Phone Number	Health Care Provider	Health Care Provider Phone Number

EPILEPSY/SEIZURE PLAN

Epilepsy/Seizure Diagnosis	Child/Youth's age at diagnosis	Frequency of seizures over the last 12 months

Current Treatment Regimen

EPILEPSY/SEIZURE SYMPTOMS

☐ Lip Smacking	☐ Falling Down	☐ Rigidity Stiffness	☐ Blue Color to Lips
☐ Eye Rolling	☐ Shallow Breathing	☐ Froth from Mouth	☐ Loss of Consciousness
☐ Staring	☐ Twitching	☐ Thrashing/Jerking	☐ Other: _____

History of Febrile Seizures *(explain)*

EPILEPSY/SEIZURE MEDICATIONS

Medication *(as directed on prescription label)*

Form Febrile Seizures temperature of _____ call Parent for Pick-Up.

Medication for immediate use in case of seizure as directed on prescription label. *(May require an exception to policy)*

NOTIFICATION/CONSENT

Parent's signature gives permission for CYS Services personnel who have been trained in medication administration by the APHN/CYS Services Nurse to administer prescribed medicine and to contact emergency medical services if necessary. I also understand my child/youth must have required medication with him/her at all times when in attendance at CYS Services programs and must be approved by a licensed health care provider to self-medicate. My child/youth has been instructed on the proper way to use his/her medication. S/he understands not to share medications. Licensed health care providers authorized to provide approval are doctors of medicine (MD), osteopathic physicians (DO), certified registered nurse practitioners (NP), or certified physician's assistants (PA). If these guidelines are violated, CYS Services privileges may be restricted or revoked. Rescue medication must be on hand during all CYS Services Programs. **CYS Services staff/providers are to notify parent/guardian immediately if medication is given.**

I agree with the plan outlined above.

Name of Parent/Guardian	Parent/Guardian Signature	Date *(YYYY-MM-DD)*

Name of Youth *(if applicable)*	Youth Signature *(if applicable)*	Date *(YYYY-MM-DD)*

Stamp of Health Care Provider	Health Care Provider Signature	Date *(YYYY-MM-DD)*

Name of Army Public Health Nurse	Army Public Nurse Signature	Date *(YYYY-MM-DD)*

FOLLOW-UP

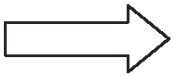
This Epilepsy/Seizure Medical Action Plan must be updated/revised whenever medications or child/youth's health status changes. If there are no changes, the Medical Action Plan must be updated every 12 months.

Child/Youth's Name

CYS SERVICES EPILEPSY/SEIZURE MEDICAL ACTION PLAN

EMERGENCY RESPONSE

- **Administer rescue medication as prescribed**
- **Stay with child/youth**
- **Contact parents/guardian**

IF THIS HAPPENS 

GET EMERGENCY HELP NOW!

CALL 911/Emergency Medical Services

- Hard time breathing with:
  - Chest and neck pulled in with breathing
  - Child/Youth is hunched over
  - Child/Youth is struggling to breathe
- Trouble walking or talking
- Stops playing and can't start activity again
- Lips and fingernails are gray or blue

MEDICATIONS

For a child/youth requiring rescue medication, the medication is required to be at program site at all times while child/youth is in care. For youth who self-carry and administer their own medications, medication must be with the youth at all times. The options of storing “back up” rescue medications at program is available.

FIELD TRIP PROCEDURES

Rescue medications should accompany child/youth during any off-site activities.

Staff members on trip must be trained on rescue medication use and this health care plan.

This plan must accompany the child/youth on the field trip.