

Seizure Care Plan Checklist

Child Care Providers: Many health care plans do not meet WAC requirements for child care and early learning programs. The purpose of this checklist is to ensure that the care plan you have on file for a child meets WAC 110-300-0250 and 110-300-0300 requirements for child care and early learning programs.

This form and the seizure care plan are valid until: _____
(Unless otherwise indicated, care plans are valid for 1 year from the date of the healthcare provider's signature on the care plan).

Child's name: _____

Child's date of birth: _____

Seizure Care Plan Checklist

- ☐ **Let your licenser know you have a child with special health care needs enrolled.**
- ☐ **A copy of the child's seizure care plan is attached to this form.** A child care or early learning program must have the parent or guardian provide a signed care plan from the child's licensed healthcare provider before the child attends or resumes care.
- ☐ **Review the child's care plan.** It must include the following items:
 - ☐ Child's first and last name
 - ☐ Child's date of birth
 - ☐ Child's medical diagnosis, if known
 - ☐ If medication is prescribed:
 - ☐ List of emergency and daily medication(s)
 - ☐ Medical need for the medication(s)
 - ☐ When and how to give medication(s), in response to specific symptoms or at specific times
 - ☐ Amount or quantity of medication(s) to give (dose)
 - ☐ Possible side effects of the medication(s)
 - ☐ Parent or guardian signature agreeing to the written care plan
 - ☐ Contact information for the child's healthcare provider
 - ☐ Licensed healthcare provider's signature

☐ Medication expiration date (if not listed, write below):

Medication Name	Expiration Date

☐ Parent or guardian signature authorizing the child care or early learning program to give the medication (if missing, use the space below):

By signing below, I give permission to my child's child care program to administer the medication(s) on my child's care plan as ordered and signed by my child's healthcare provider.

Parent or Guardian Name (Printed): _____

Parent or Guardian Signature: _____

Date: _____

☐ **In addition to the general care plan requirements, per the WAC above, the child's seizure care plan should include the following information:**

- ☐ Type(s) of seizure(s) the child can may experience.
- ☐ How long each seizure type may last.
- ☐ How frequent each seizure type may be.
- ☐ Specific symptoms the child may experience during each seizure type.
- ☐ Instructions for post-seizure care.
- ☐ Potential triggers of the child's seizure(s).
- ☐ Any implanted devices to manage or treat the seizure disorder, and instructions on how to use them
- ☐ Specific food and diet recommendations.
- ☐ The child's preferred hospital in case of an emergency.

☐ **Look at the medication(s) the child has been prescribed for their health condition.** Make sure each medication is labeled with or has the following (if any information is missing, have a Medication Authorization Form completed):

- ☐ The original packaging
- ☐ The child's first and last name (can write directly on medication bottle)
- ☐ Date the prescription was filled (for prescription medication only)
- ☐ Name and contact information of the prescribing healthcare provider
- ☐ Medication expiration date
- ☐ Amount or quantity of medication to give (dose)

- ☐ Instructions for administration
- ☐ Storage instructions (for example: must be refrigerated or store away from heat and light)
- ☐ Each medication must have a Medication Administration Record. If the medication is a controlled substance (for example: Midazolam, Lamotrigine, Diastat) it must have a Controlled Substance Medication Administration Record. If you are unsure about the type of seizure medication the child is prescribed, contact the prescribing pharmacy.
- ☐ **A 3-Day Critical Medication Authorization Form is also required if the child is on a medication that they take at home that is life sustaining.** If this is the case, ensure a 3-Day Critical Medication Authorization Form is attached to the child's seizure care plan and that it includes:
 - ☐ The child's first and last name
 - ☐ The child's date of birth
 - ☐ Medical reason for the medication
 - ☐ Amount or quantity of medication to give (dose)
 - ☐ Licensed healthcare provider's signature
 - ☐ Medication expiration date (if not listed, write above)
 - ☐ Parent or guardian signature. This is the parent or guardian's authorization for trained child care employees to administer medication to the child, as ordered. The parent or guardian signature above is sufficient.
- ☐ **Medication Storage Requirements:**
 - ☐ Medication must be stored in a way that is inaccessible to children.
 - ☐ Controlled substance medications must be stored in a locked container or cabinet.
 - ☐ External medication (applied on skin) is stored separately from internal medication (injected or taken by mouth).
- ☐ The parent or guardian has provided training to the employees listed below about medication administration or special medical procedures listed in the child's care plan, as ordered by their licensed healthcare provider.
- ☐ The training is documented below in the Employee Training Record and has been signed by both the employees and the child's parent or guardian.

Employee Training Record				
Date of Training	Employee Name (Printed)	Employee Signature	Trainer Name (Printed)	Trainer Signature

- ☐ The emergency contacts for this child are listed below and will be contacted immediately if an emergency occurs. This is a best practice for emergency procedures, not a WAC requirement.

Emergency Contact #1

Name: _____

Relationship to Child: _____

Phone Number: _____

Emergency Contact #2

Name: _____

Relationship to Child: _____

Phone Number: _____

Emergency Contact #3

Name: _____

Relationship to Child: _____

Phone Number: _____