



HOLY GHOST PREPARATORY SCHOOL

2429 BRISTOL PIKE, BENSALEM, PA 19020-5298

(215) 639-2102 • FAX (215) 639-4225

WWW.HOLYGHOSTPREP.ORG

SEIZURE ACTION PLAN

Student Information

Name: _____ DOB: _____

Grade: _____ Bus#: _____

If you see this:	Do This:
Student having a seizure	<ul style="list-style-type: none"> • Ease child to the floor • Note time seizure began • Call for nurse • Clear area of any objects that could injure child • Place flat, soft padding under child's head, if possible • Do not restrain child in anyway • Do not attempt to reach into child's mouth or place anything in child's mouth
Seizure lasting _____ minutes:	<ul style="list-style-type: none"> • Nurse will administer Diastat as ordered
Seizure lasting 10 minutes:	<ul style="list-style-type: none"> • If seizure does not stop within 10 minutes of administering Diastat- call 911 for ambulance transport to the hospital • If seizure stops before the ambulance arrives, student should not be transported to the hospital • Send emergency info folder with student to the hospital

Parent #1:	Tel #1:	Tel #2:
Parent #2:	Tel #1:	Tel #2:
Pediatrician:	Tel #1:	Tel #2:
Neurologist:	Tel #1:	Tel #2:

Date: _____ Parent/Guardian Signature: _____

Date: _____ Nurse's Signature: _____



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SEIZURE INFORMATION QUESTIONNAIRE

School Year: _____

Student Name: _____

Please complete the following questions so that the school nurse can provide appropriate emergency care if needed.

What type of seizures does your child have? Please describe.

How long has your child had a seizure disorder? _____

How often does your child have seizures? _____

How long do the seizures last? _____

Date of last seizure: _____

Does your child know he/she is going to have a seizure YES NO

If your child has a seizure in school, is there any specific treatment he/she would require?

Do you want to be notified of every seizure? YES NO

What medications does your child take for seizures?

<u>Name of Medication</u>	<u>Date</u>	<u>Time</u>
_____	_____	_____
_____	_____	_____

Will your child need to take medication in school? YES NO

If YES, please give name of medication, dose and time.

If your child takes morning medication, it is a good idea to have some medication in school in case your child forgets to take it at home.

Do you want the school nurse to explain your child's seizures to his/her class or classmates? YES NO

Name of health care provider treating the seizure disorder:

Telephone# _____

Parent/Guardian Signature

Date