

Seizure Emergency Care Plan  
To Be Completed By the Health Care Provider

Name: \_\_\_\_\_ Grade: \_\_\_ Age: \_\_\_ Date of Birth \_\_\_\_\_

School: \_\_\_\_\_ Teacher: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone (day) \_\_\_\_\_ (Cell) \_\_\_\_\_

Health Care Provider Treating Student for Seizure: \_\_\_\_\_ phone \_\_\_\_\_

**To provide assistance to a pupil experiencing a seizure**

**IF YOU SEE THIS**

Type of Seizure: \_\_\_\_\_

Triggers which start a seizure \_\_\_\_\_

Possible seizure signs \_\_\_\_\_

Usual length of seizures \_\_\_\_\_

Other: \_\_\_\_\_

**DO THIS**

- |  |  |
|--|--|
| <ul style="list-style-type: none"><li>• Help student to the floor, and place student on his/her side, if drooling/vomiting.</li><li>• <b>Clear any objects out of the way.</b></li><li>• Loosen any tight clothing</li><li>• <b>Don't put anything in the student's mouth.</b></li><li>• Monitor the student's breathing</li><li>• <b>DO NOT try to stop the seizure, or hold the child down</b></li></ul> | <ul style="list-style-type: none"><li>• <b>Stay Calm</b></li><li>• Time the seizure</li><li>• Stay with student and allow him/her to rest afterwards.</li><li>• Reorient child</li><li>• <b>Notify parents, and document what happened in child's file.</b></li><li>• OTHER: _____</li></ul> |
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**CALL 9-1-1 if...**

- Absence of breathing and/or pulse
- Seizure of 5 minutes or greater duration
- Two or more consecutive (without a period of consciousness between) seizures which total 5 minutes or greater
- Continued unusually pale or bluish skin/lips or noisy breathing AFTER the seizure has stopped

**I authorize school personnel to implement this Seizure Emergency Plan as described above.**

\_\_\_\_\_  
Health Care Provider Signature

\_\_\_\_\_  
Date

**I give my consent for school authorities to take appropriate action for the safety and welfare of my child. I give my consent for school authorities to communicate with the authorized health care provider when necessary.**

- My Child does not need services**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date