



School Seizure Action Plan

Student Name _____ DOB _____ Grade/Teacher _____

Diagnosis _____

Activity Restrictions and Accommodations _____

Warning signs: _____

Seizures usually look like: _____

**Stay with student until conscious and no longer confused.
Yell for help if necessary. Stay CALM.**

IF YOU SEE THIS:	DO THIS:
STOPS BREATHING	Begin rescue breathing /CPR. Call 911.
Emergency is life threatening. Seizure lasts longer than ____ minutes. Consciousness does not return at end of a seizure. A second seizure occurs shortly after first without gaining consciousness in between.	Call 911 Call parent/guardian or emergency contacts. Note time of arrival/departure of 911 responders.
Grand Mal/Tonic Clonic Seizure	Keep AIRWAY open. Protect head and body from injury. Ease to floor Protect from nearby hazards. Loosen clothing and remove glasses. Place something soft under head. Turn on side to prevent breathing drool or vomit. Keep others away. Do not restrain student. Do not force anything in student's mouth. Write down time seizure started and ended.
Loss of bowel or bladder control	Cover with blanket or jacket for privacy.
Absence/Petit Mal Complex Partial/Psychomotor	No first aid needed if no injury.
After seizure: Tired, weak, difficult to arouse from sleep, confused, regular breathing Symptoms can last minutes to hours	Comfort when consciousness returns. Allow student to rest. Provide change of clothing, if needed. Notify parent/guardian of seizure. Record on seizure report.

School Nurse: _____ Date: _____

Family and Emergency Contacts

Name	Relationship	Phone (include area code)	Home/work/cell/pager
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Hospital Preference and Phone number _____

Health Care Provider for SEIZURE:

Name: _____ Phone: _____ Fax: _____

Allergies: _____

Medications/Treatment: _____
