



SEIZURE ACTION PLAN

Effective Date _____

**This student is being treated for a seizure disorder.
The information below should assist you if a seizure occurs during school hours.**

Student's Name	Date of Birth	
Parent/Guardian	Phone	Cell
Other Emergency Contact	Phone	Cell
Treating Physician	Phone	
Significant medical history		

SEIZURE INFORMATION

Seizure Type	Length	Frequency	Description

Seizure triggers or warning signs _____ Student's reaction to seizure(s) _____

BASIC FIRST AID: CARE AND COMFORT

Please describe basic first aid procedures _____

Does student need to leave the classroom after a seizure? YES NO
If YES, describe process for returning student to classroom _____

Basic Seizure First Aid

- ✓ Stay calm & track time
- ✓ Keep child safe
- ✓ Do not restrain
- ✓ Do not put anything in mouth
- ✓ Stay with child until fully conscious
- ✓ Record seizure in log

For tonic-clonic (grand mal) seizure:

- ✓ Protect head
- ✓ Keep airway open/watch breathing
- ✓ Turn child on side

A Seizure is generally considered an Emergency when:

- ✓ A convulsive (tonic-clonic) seizure lasts longer than 5 minutes
- ✓ Student has repeated seizures without regaining consciousness
- ✓ Student has a first time seizure
- ✓ Student is injured or diabetic
- ✓ Student has breathing difficulties
- ✓ Student has a seizure in water

EMERGENCY RESPONSE

A "seizure emergency" for this student is defined as: _____

Seizure Emergency Protocol (Check all that apply and clarify below)

- Contact school nurse at _____
- Call 911 for transport to _____
- Notify parent or emergency contact
- Administer emergency medications as indicated below
- Notify doctor
- Other _____

TREATMENT PROTOCFOFOL DURING SCHOOL HOURS (include daily and emergency medications)

Emerg. Med. ✓	Medication	Dosage & Time of Day Given	Common Side Effects & Special Instructions

Does student have a **Vagus Nerve Stimulator**? YES NO If YES, describe magnet use _____

SPECIAL CONSIDERATION AND PRECAUTIONS (regarding school activities, sports, trips, etc.)

Physician Signature _____ Date _____

Parent/Guardian Signature _____ Date _____