

SEIZURE ACTION PLAN

School Year _____

Palo Alto Unified School District
 25 Churchill Avenue Palo Alto, CA 94306
 Health Services Phone 650-833-4240 Fax 650-833-4226

School _____

School Fax _____

Student Name: _____ DOB: _____

Parent/Guardian: _____ Phone: _____ Cell: _____

Emergency Contact: _____ Phone: _____ Cell: _____

Neurologist: _____ Phone: _____ Fax: _____

Primary Physician: _____ Phone: _____ Fax: _____

TO BE COMPLETED BY AN AUTHORIZED CALIFORNIA HEALTH CARE PROVIDER

CALIFORNIA CODE OF REGULATIONS TITLE 5, SECTION 601(A)

Significant Medical History: _____

Seizure Type	Description	Length	Frequency	Date of Last Seizure

Seizure triggers / warning signs: _____

SEIZURE BASIC → → →		SEIZURE RESPONSE – BASIC
Student Response after a Seizure: _____ _____ _____ Does student need to leave classroom after a seizure? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, describe process for returning student to classroom: _____ _____		<ul style="list-style-type: none"> Stay calm and record time of seizure Keep student safe but DO NOT restrain Do not put anything in mouth Stay with student until fully conscious Describe seizure Tonic-Clonic Seizure additional response: <ul style="list-style-type: none"> Protect Head Turn on Side Keep Airway Open Monitor Breathing
SEIZURE EMERGENCY →	SEIZURE EMERGENCY CALL 911 →	SEIZURE RESPONSE – EMERGENCY
A 'Seizure Emergency' for this student is defined as: _____ _____ _____	<ul style="list-style-type: none"> Convulsive (tonic-clonic) seizure lasts longer than 5 minutes Student has repeated seizures without regaining consciousness Student is injured, has diabetes, or is pregnant Student has a first time seizure Student has breathing difficulties Student has a seizure in water 	<ul style="list-style-type: none"> Call 911 after _____ minutes Contact school office / school nurse Administer emergency medications, if ordered Office to notify parents/guardian or emergency contact on ER card Other: _____

PLEASE LIST ALL MEDICATIONS and provide school with a 3-day supply of medications needed in case of disaster

Daily Medication:	Dosage & Times Given:	Common Side Effects & Special Instructions

Emergency Medication: *DIASTAT is the *only* emergency seizure medication that can be administered by trained, unlicensed school personnel
 If prescribed, use the Diastat Form: <http://pausd.org/parents/services/health/documents/DiastatForms.pdf>

Does student have a vagus Nerve Stimulator? Yes No If YES, provide VNS protocol

Describe any Special Considerations and Precautions (regarding school activities, sports, trips, helmet use, or bus riding after seizure, etc.)

Physician Signature: _____ **Printed Name:** _____ **Date:** _____

This form authorizes medication to be given during school hours, on extended field trips or in the incidence of a public disaster i.e., earthquake. I consent to communication and exchange of information between my physician and Palo Alto Unified School District to discuss and share records/conditions pertaining to the above. I understand that this information is confidential and may not be given to employees of other schools, public agencies or individual professionals in private practice without my consent. Ed Code 49480. * Ed. Code 49414.7

This Form Must Be Renewed Annually Or With Any Change In Treatment Or Medication

Parent/Guardian Signature: _____ **Date:** _____