

School Seizure Action Plan

School Year

Reference: Epilepsy Foundation 2019

Student's Name

Date of Birth

Parent/Guardian

Phone

Cell

Treating Physician

Phone

Significant Medical History

Seizure Information			
Seizure Type	Length	Frequency	Description

Seizure triggers or warning signs:

Student's response after a seizure:

Non-Emergency Care			Basic Seizure First Aid
Does student need to be picked up from school after a seizure?	Yes	No	
Does student need to leave the classroom after a seizure? If YES, describe process for returning student to classroom:	Yes	No	

Emergency Response	
A "seizure emergency" for this student is defined as:	<p>Seizure Emergency Protocol (Check all that apply and clarify below)</p> <ul style="list-style-type: none"> Contact school nurse at Call 911 for transport to Notify parent or emergency contact Administer emergency medications as indicated below Notify doctor Other

- A seizure is generally considered an emergency when:**
- Convulsive (tonic-clonic) seizure lasts longer than 5 minutes
 - Student has repeated seizures without regaining consciousness
 - Student is injured or has diabetes
 - Student has a first-time seizure
 - Student has breathing difficulties
 - Student has a seizure in water

Treatment Protocol During School Hours (include daily and emergency medications)

Medication	Route	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 Considerations and Precautions (regarding school activities, sports, trips, etc.)

Describe any special considerations or precautions:

Physician Print Name/ Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

PARENT/LEGAL GUARDIAN: I hereby give permission for the school to administer the medication as prescribed above. I also give permission for the school to contact the above health care provider regarding the administration of this medication.