

SEIZURE ACTION PLAN

Effective Date _____

This student is being treated for a seizure disorder. This 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 Type	Length	Frequency	Description

Basic Seizure First Aid

- Stay calm & track time
- Keep child safe
- Do not put anything in mouth
- Stay with child until conscious

For tonic-clonic seizures:

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

A Seizure is Considered an Emergency When

- Tonic/clonic seizure lasts longer than 5 minutes.
- Repeated seizures without regaining consciousness.
- Student is injured or has diabetes.
- Student has breathing difficulties.
- Student has a seizure in water.

Seizure Trigger or Warning Signs: _____

Student's Response after a seizure: _____

Basic First Aid: Care & Comfort

Does student need to leave the classroom after a seizure? Yes No

If YES, describe process for returning student to classroom. _____

Emergency Response

A seizure emergency for This student is defined as:

Seizure Emergency Protocol
(Check all that apply & verify below)

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

Notify doctor

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

Medications	Dosage &	Time of Day Given	Side Effects	& Special Considerations	Emerg.
Med ✓					

Does Student have a Vagus Nerve Stimulator Yes No **If yes, describe magnet use:**

Describe any special considerations & precautions regarding school activities, sports, trips, etc.

Physician Signature _____ **Date** _____

Parent/Guardian Signature _____ **Date** _____

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