



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: _____ DOB: _____ HR: _____
Parent/Guardian: _____ Phone: _____ Cell: _____
Treating Physician: _____
Significant medical history: _____

SEIZURE INFORMATION:

<i>Seizure Type</i>	<i>Description</i>

Seizure triggers or warning signs: _____

EMERGENCY RESPONSE:

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

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

- Notify parent or emergency contact
- Administer emergency medications as indicated below
- Call 911 for transport to _____
- Other _____

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

EMERGENCY/RESCUE MEDICATION(S): (additional form provided): _____

Does student have a **Vagus Nerve Stimulator (VNS)**? YES NO
If YES, additional form provided

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 has diabetes
- ✓ Student has breathing difficulties
- ✓ Student has a seizure in water

TREATMENT PROTOCOL: (daily medications)

Daily Medication	Dosage & Time of Day Given	Common Side Effects & Special Instructions

SPECIAL CONSIDERATIONS & SAFETY PRECAUTIONS: *(regarding school activities, sports, trips, etc.)*

Parent Signature: _____ Date: _____