

SEIZURE ACTION PLAN

Health Room Fax #: (704) 368-1078

STUDENT

First: _____
Last: _____
DOB: _____ **Grade:** _____

PARENT

Parent's Names: _____
Father Cell: _____
Mother Cell: _____

Emergency Contact Name: _____ **Number:** _____
 (other than parent)

→ **PARENT SIGNATURE:** _____ **DATE:** _____

SEIZURE INFORMATION: Seizure Triggers and Warning Signs: _____

SEIZURE TYPE	LENGTH	FREQUENCY	DESCRIPTION

TREATMENT PROTOCOL DURING SCHOOL HOURS (Include daily and emergency medications.)

<input type="checkbox"/> Aura Medication: ____ Yes ____ No	MEDICINE	METHOD	DOSE	HOW OFTEN?
				times per day

☐ Vagus Nerve Stimulator: ____ Yes ____ No If yes, describe magnet use: _____

<input type="checkbox"/> Maintenance Medication: ____ Yes ____ No	MEDICINE	METHOD	DOSE	HOW OFTEN?
				times per day

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

EMERGENCY RESPONSE

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

MEDICINE	METHOD	DOSE	HOW OFTEN?
			times per day
			times per day

EMERGENCY RESPONSE CARE:

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

- ☐ Contact school nurse at (704) 366-5657, ext. 2155.
☐ Administer emergency medications as indicated below
☐ Notify parent or emergency contact
☐ Other _____

SEIZURE FIRST AID

- Stay calm
 - Keep child safe
 - Do not restrain
 - Do not put anything in mouth
 - Stay with child until fully conscious
- For tonic-clonic seizure:**
- Protect head
 - Keep airway open/watch breathing
 - Turn child on side

SPECIAL CONSIDERATIONS AND PRECAUTIONS

(regarding school activities, sports, trips, etc.)

Describe any special considerations or precautions: _____

A SEIZURE CONSIDERED AN EMERGENCY WHEN:

- A convulsive (tonic-clonic) seizure lasts longer than five 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

→ ☐ IF CHECKED STUDENT WILL SELF-CARRY SEIZURE MEDICATION.

This student is capable and has been instructed in the proper method of self-administering medications named above. If checked this student will self carry emergency medicine throughout the school day and during all field trips. ALL middle and upper school students are responsible for self carrying emergency medicine during after school activities and overnight field trips, including sports, clubs, Winterim, Senior Trip and all summer activities/camps. Student and/or parent will notify teachers, coaches, chaperones and school nurses emergency medication will be located should a seizure occur. All students are encouraged to provide an additional emergency medication to the health room.

→ **PHYSICIAN SIGNATURE:** _____ **DATE:** _____

PHYSICIAN NAME PRINTED: _____ **PHONE:** _____

ALL MEDICATION WILL BE DISCARDED IF NOT PICKED UP BY THE LAST DAY OF SCHOOL.
THE ABOVE MEDICATION ORDER IS VALID FOR ONE YEAR FROM THE DATE SIGNED BY THE PHYSICIAN.