



Seizure Disorder 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	Date of Birth	
Parent/Guardian	Phone	Cell
Other Emergency Contact	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: _____

Basic First Aid: Care & Comfort	Basic Seizure First Aid
Please describe basic first aid procedures:	<ul style="list-style-type: none"> • 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
Does student need to leave the classroom after a seizure? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, describe process for returning student to classroom:	

Emergency Response	Seizure Emergency Protocol (Check all that apply and clarify below)	For tonic-clonic seizure:
A "seizure emergency" for this student is defined as:	<input type="checkbox"/> Contact school nurse at _____ <input type="checkbox"/> Call 911 for transport to _____ <input type="checkbox"/> Notify parent or emergency contact <input type="checkbox"/> Administer emergency medications as indicated below <input type="checkbox"/> Notify doctor <input type="checkbox"/> Other _____	<ul style="list-style-type: none"> • Protect head • Keep airway open/watch breathing • Turn child on side
		A seizure is generally considered an emergency when:
		<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 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)			
Emergency Med. ✓	Medication	Dosage & Time of Day Given	Common Side Effects & Special Instructions

Does student have a Vagal 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 Signature	Date
Parent/Guardian Signature	Date

DPC772
This document is a product of the Epilepsy Foundation. Its creation was funded through a grant from the Centers for Disease Control and Prevention (CDC) Grant #1 V58 DP000606-01. Its contents are solely the responsibility of the authors and do not necessarily represent the views of the CDC.