

# SEIZURE ACTION PLAN

Student Name: \_\_\_\_\_

## Contact Immediately After a Seizure

School Nurse Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

(Or other designated individual on-site all school day)

## General Information

School Name: \_\_\_\_\_ School Year: \_\_\_\_\_ Student Grade Level: \_\_\_\_\_

Classroom(s): \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Other Emergency Contact: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Child's Neurologist: \_\_\_\_\_

Phone: \_\_\_\_\_ Location/Clinic: \_\_\_\_\_

Child's Primary Care Dr: \_\_\_\_\_

Phone: \_\_\_\_\_ Location/Clinic: \_\_\_\_\_

What's the best way to communicate with you about your child's seizures? \_\_\_\_\_

Can this information be shared with classroom teacher(s) and the appropriate personnel? YES NO

Do school personnel have permission to contact your child's physician? YES NO

## Seizure Information

Seizure Type/Name	Length	Frequency	Description

Seizure Triggers/Warning Signs: \_\_\_\_\_

## Medication/Treatment Protocol

Medication Name	Emergency Med?	Dosage & Time Given	Administration Method	Common Side Effects/ Special Instructions

Does your child have a Vagus Nerve Stimulator (VNS)? YES NO

If yes, describe magnet use: \_\_\_\_\_

## Seizure First Aid/Proper Response

Respond to a seizure by: \_\_\_\_\_  
\_\_\_\_\_

Do they need to leave the room/area after a seizure? YES NO

If yes, describe the process for returning: \_\_\_\_\_

## Emergency Response

A "seizure emergency" for your child is defined as: \_\_\_\_\_  
\_\_\_\_\_

Seizure Emergency Protocol Includes:

Call 911 for transport to: \_\_\_\_\_

Notify parent or emergency contact

Notify doctor

Administer emergency medication indicated on front page

Other: \_\_\_\_\_

## General Seizure Information

How often does your child have seizures? \_\_\_\_\_

Has there been any recent changes in their seizure pattern? YES NO

If yes, please explain: \_\_\_\_\_

What should be done if your child misses a medication dose? \_\_\_\_\_

Should the school have backup medication available if they miss a dose? YES NO

Do you wish to be called before backup medication is given for a missed dose? YES NO

## Special Considerations/Precautions

Note any special considerations related to your child's epilepsy while at school:

General Health: \_\_\_\_\_  Physical Education(Gym): \_\_\_\_\_

Physical Functioning: \_\_\_\_\_  Recess: \_\_\_\_\_

Learning: \_\_\_\_\_  Field Trips: \_\_\_\_\_

Behavior: \_\_\_\_\_  Bus Transportation: \_\_\_\_\_

Mood/Coping: \_\_\_\_\_

Other: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Dates Updated: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

