



Seizure Action Plan

Effective Date _____

This child 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 reaction to seizure(s) _____

Basic First Aid: Care & Comfort

Please describe basic first aid procedures _____

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

If YES, describe process for returning student to classroom _____

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 Response

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

Seizure Emergency Protocol

(Check all that apply and clarify below)

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

A seizure is generally considered an emergency when:

- Convulsive (tonic-clonic) seizure lasts longer than 5 minutes
- Student has repeated seizures without regaining consciousness
- Student is injured or has diabetic
- 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)

Emerg. Med. ✓	Medication	Dosage & Time of Day Given	Common Side Effects & Special Instructions

Does student have a Vagus Nerve Stimulator Yes No If YES, describe magnet use _____

Special Considerations and Precautions (regarding school activities, sports, trips, etc.)

Physician Signature _____ Date _____

Parent/Guardian Signature _____ Date _____