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 does? 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: _____

For additional epilepsy and seizure information, contact the Epilepsy Foundation of Minnesota at info@efmn.org or 651.287.2300.

EPILEPSY FOUNDATION MINNESOTA

EFMN.ORG | 800.779.0777