

**STUDENT SERVICES**  
**OCEANSIDE UNIFIED SCHOOL DISTRICT**  
 2080 MISSION AVENUE, OCEANSIDE CA 92058

**Seizure 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 <span style="float: right;">Cell</span>
Other Emergency Contact	Phone <span style="float: right;">Cell</span>
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**

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 seizure:**
- Protect head
  - Keep airway open/watch breathing
  - Turn child on side

**Emergency Response**

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

A "seizure emergency" for this student is defined as:	<p><b>Seizure Emergency Protocol</b> (Check all that apply and clarify below)</p> <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 _____
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- 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 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)**

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.)**

Describe any special considerations or precautions:  
 \_\_\_\_\_  
 \_\_\_\_\_

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_