

# SCHOOL SEIZURE ACTION PLAN FOR

\_\_\_\_\_ (INSERT NAME HERE)



Attach Student  
Photo

## ABOUT

Name	Date of Birth
Doctors Name	Phone
Emergency Contact Name	Phone
Emergency Contact Name	Phone
Seizure Type/Name: _____	
What Happens: _____	
How Long It Lasts: _____	
How Often: _____	

### Seizure Triggers:

- Missed Medicine       Emotional Stress       Alcohol/Drugs       Menstrual Cycle       Missing meals  
 Lack of Sleep       Physical Stress       Flashing Lights       Illness with high fever  
 Response to specific food, or excess caffeine      Specify: \_\_\_\_\_       Other      Specify: \_\_\_\_\_

## DAILY TREATMENT PLAN

### Seizure Medicine(s)

Name	How Much	How Often/When

**Additional Treatment/Care:** (i.e.: diet, sleep, devices etc.)

\_\_\_\_\_



### CAUTION-STEP UP TREATMENT

**Symptoms that signal a seizure may be coming on and additional treatment may be needed:**

- Headache       Staring Spells       Confusion       Dizziness       Change in Vision/Auras  
 Sudden Feeling of Fear or Anxiety       Other      Specify: \_\_\_\_\_

### Additional Treatment:

- Continue Daily Treatment Plan
  - If missed medicine, give prescribed dose from above ASAP.
  - Do not give a double dose or give meds closer than 6 hours apart.
- Change to: \_\_\_\_\_      How Much: \_\_\_\_\_      How Often/When: \_\_\_\_\_
- Add: \_\_\_\_\_      How Much: \_\_\_\_\_      How Often/When: \_\_\_\_\_
- Other Treatments/Care: (i.e.: sleep, devices): \_\_\_\_\_

# SCHOOL SEIZURE ACTION PLAN

## DANGER – GET HELP NOW Follow Seizure First Aid Below

- Contact School Nurse or Adult trained on rescue medication:  
Name: \_\_\_\_\_ Number: \_\_\_\_\_
- Record Duration and time of each seizure(s)
- Call 911 if:
  - Student has a convulsive seizures lasting more than \_\_\_ minutes
  - Student is injured or has diabetes
  - Student has repeated seizures without regaining consciousness
  - Student is having breathing difficulty

**When EMS arrives, a medical provider will perform an individual assessment to determine appropriate next steps.**

### Rescue Therapy:

- Rescue therapy provided according to physician's order:

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## POST SEIZURE RECOVERY

### Typical Behaviors/Needs After Seizure:

- Headache     Drowsiness/Sleep     Nausea     Aggression     Confusion/Wandering     Blank Staring
- Other Specify: \_\_\_\_\_

Reviewed/Approved by:

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

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

## SEIZURE FIRST AID



Image adapted with permission from the Epilepsy Foundation of America

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