

**SPECIAL EDUCATION DISTRICT OF LAKE COUNTY**

18160 W Gages Lake Road, Gages Lake, Illinois 60030-1819  
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www.sedol.us



**SEIZURE ACTION PLAN (SAP)**

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_  
Emergency Contact/Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Seizure Information**

Seizure Type	How Long It Lasts	How Often	What Happens

**Protocol for seizure during school (check all that apply)**

- First aid – **Stay. Safe. Side**
- Give rescue therapy according to SAP
- Notify parent/emergency contact
- Contact school nurse at \_\_\_\_\_
- Call 911 for transport to \_\_\_\_\_
- Other \_\_\_\_\_



**First aid for any seizure**

- STAY** calm, keep calm, **begin timing seizure**
- Keep me **SAFE** – remove harmful objects, don't restrain, protect head
- SIDE** – turn on side if not awake, keep airway clear, don't put objects in mouth
- Swipe magnet for VNS
- Write down what happens \_\_\_\_\_
- Other \_\_\_\_\_

**When to call 911, while in school.**

- Seizure with loss of consciousness longer than 5 minutes, not responding to rescue med if available
- Repeated seizures longer than 10 minutes, no recovery between them, not responding to rescue med if available
- Difficulty breathing after seizure
- Serious injury occurs or suspected, seizure in water
- Other:



**When rescue therapy may be needed:**

**WHEN AND WHAT TO DO (PLEASE ATTACH COPIES OF PRESCRIPTIONS)**

If seizure (cluster, # or length) \_\_\_\_\_  
 Name of Med/RX \_\_\_\_\_ How much to give (dose) \_\_\_\_\_  
 How to give \_\_\_\_\_

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 Name of Med/RX \_\_\_\_\_ How much to give (dose) \_\_\_\_\_  
 How to give \_\_\_\_\_

**SPECIAL TRANSPORTATION INSTRUCTIONS**

If student has a seizure in transport to or from school or other school activities:

- **DO NOT** remove student from safety restraint
- Call 911 **IMMEDIATELY**
- Notify SEDOL Nurse
- Notify parent
- Other \_\_\_\_\_

**SPECIAL WORK SITE INSTRUCTIONS**

If student has a seizure while at an off campus SEDOL worksite:

- Call 911 **IMMEDIATELY**
- Notify SEDOL Nurse
- Notify parent
- Other \_\_\_\_\_

**SPECIAL CONSIDERATIONS AND SAFETY PRECAUTIONS** (Regarding school activities, sports, trips, etc):

Daily seizure medicine

Medicine Name	Total Daily Amount	Amount of Tab/Liquid	How Taken (time of each dose and how much)

Other information

Triggers: \_\_\_\_\_

Important Medical History \_\_\_\_\_

Allergies \_\_\_\_\_

Epilepsy Surgery (type, date, side effects) \_\_\_\_\_

Device:  VNS     RNS     DBS    Date Implanted \_\_\_\_\_

Diet Therapy  Ketogenic     Low Glycemic     Modified Atkins     Other (describe) \_\_\_\_\_

Accommodations required for student as a result of their seizure disorder:  
\_\_\_\_\_

Special Instructions: \_\_\_\_\_

**PHYSICIAN INFORMATION**

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician's Printed Name

\_\_\_\_\_  
Phone

**PARENT/GUARDIAN ACKNOWLEDGMENT**

**Failure of a parent/guardian to execute this form does not affect the civil immunity afforded the District & its employees by Section 45 of the Seizure Smart School Act (105 ILCS 150/45) for civil or other damages as a result of conduct, other than willful or wanton conduct, related to the care of a student with epilepsy, or any other immunities or defenses to which District or its employees are otherwise entitled.**

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

\_\_\_\_\_  
Date