

# Seizure Action Plan for School

(To be completed by Health Care Provider and Parent)

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Trigger(s): \_\_\_\_\_

Daily Medication(s): \_\_\_\_\_

<p style="text-align: center;"><b>1. If you see this:</b></p>	<p style="text-align: center;"><b>1. Action:</b></p>
<p><b>Blank staring with an inability to focus or speak.</b></p>	<ul style="list-style-type: none"> <li>• Note the time the behavior begins.</li> <li>• Call the office for the nurse or trained person.</li> <li>• If lasts longer than _____ minutes, trained person to give _____.</li> <li>• Report to parent.</li> <li>• Allow to rest if needed.</li> <li>• Other: _____</li> </ul>

<p style="text-align: center;"><b>2. If you see this:</b></p>	<p style="text-align: center;"><b>2. Action:</b></p>
<p><b>Jerking of localized area of body/muscle tension of localized area of body.</b></p>	<ul style="list-style-type: none"> <li>• Note the time the behavior begins.</li> <li>• Clear all objects from surrounding area.</li> <li>• If appears unsteady on chair/feet, place onto lying position on left side on floor.</li> <li>• Loosen any tight clothing from neck.</li> <li>• Call the office for nurse or trained person.</li> <li>• If lasts longer than _____ minutes, trained person to give _____.</li> <li>• Report to parent.</li> <li>• Allow to rest if needed.</li> <li>• If stops breathing, start CPR and call 9-1-1.</li> <li>• Other: _____</li> </ul>

<p style="text-align: center;"><b>3. If you see this:</b></p>	<p style="text-align: center;"><b>3. Action:</b></p>
<p><b>Jerking of entire body/muscle tension of entire body.</b></p>	<ul style="list-style-type: none"> <li>• Note the time the behavior begins.</li> <li>• Clear all objects from surrounding area.</li> <li>• Place onto lying position on left side on floor.</li> <li>• Loosen any tight clothing from neck.</li> <li>• Call the office for nurse or trained person.</li> <li>• If lasts longer than _____ minutes, trained person to give _____.</li> <li>• Report to parent.</li> <li>• Allow to rest if needed.</li> <li>• If stops breathing, start CPR and call 9-1-1.</li> <li>• Other: _____</li> </ul>

Health Care Provider: \_\_\_\_\_ Phone# \_\_\_\_\_

Signature: \_\_\_\_\_ Fax# \_\_\_\_\_

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

Cell Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

\*It is the responsibility of the parent to notify the school & provide an updated plan upon changes.