

Seizure Action Plan

Please complete all questions. This information is essential for the school nurse and school staff in determining your student's special needs and providing a positive and supportive learning environment. If you have any questions about how to complete this form, please contact your child's school nurse.

Effective Date _____

Student's Name: _____ Date of Birth: _____ Classroom: _____

Parent/Guardian/Relative Caregiver: _____ Phone: _____ Cell: _____

Treating Physician: _____ Phone: _____

Medical History: _____

Seizure Information:

1. When was your child diagnosed with seizures or epilepsy? _____

2. Seizure type(s):

<i>Seizure Type</i>	<i>Average length</i>	<i>Description</i>

3. What might trigger a seizure in your child? _____

4. Are there any warnings, triggers and/or behavior changes before the seizure occurs? YES NO
If YES, please explain: _____

5. How often does your child have a seizure? _____

6. When was your child's last seizure? _____

7. Has there been any recent change in your child's seizure patterns? YES NO
If YES, please explain: _____

8. How does your child react after a seizure is over? _____
How long does this usually last? _____

9. How do other illnesses affect your child's seizure control? _____

Seizure Medication and Treatment Information:

10. What medication(s) does your child take?

<i>Medication</i>	<i>Date Started</i>	<i>Dosage</i>	<i>Frequency and time of day taken</i>	<i>Possible side effects</i>
1. _____				
2. _____				
3. _____				

Student's Name _____

Emergency Response:

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

11. What emergency/rescue medications are prescribed for your child?

Name	Dosage	Administration instructions (timing* & method**)	What to do after administration:
1.			
2.			

* After 2nd or 3rd seizure, for cluster of seizure, etc.

** Orally, under tongue, rectally, etc.

Seizure Emergency Protocol: (Check all that apply and clarify below)

- Contact school nurse at _____
- Call 911 for transport to _____
- Notify parent or emergency contact _____
Telephone number _____
- Notify doctor _____
Telephone number _____
- Administer emergency medications as indicated
- Other _____

A Seizure is generally considered an Emergency when:

- A convulsive (tonic-clonic) seizure lasts longer than 5 minutes
- Student has repeated seizures without regaining consciousness
- Student has a first time seizure
- Student is injured, has diabetes, or is pregnant
- Student has breathing difficulties

Does student have a **Vagus Nerve Stimulator (VNS)**? YES NO

If YES, describe magnet use _____

Special Considerations & Safety Precautions:

(regarding school activities, sports, trips, etc.)

Physician Signature: _____ Date: _____

Parent Signature: _____ Date: _____