



Dear Parents/Guardians:

Please complete the Seizure Action Plan with your student's Medical Provider. Indicate the appropriate medications at the beginning of each school year on the back of this form. The Action Plan can be updated at any time during the school year by the student's Medical Provider.

School Nurse \_\_\_\_\_

Date sent \_\_\_\_\_

### **STUDENT SEIZURE ACTION PLAN**

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_

#### **Other Emergency Contacts:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

#### **Identify the student's type of seizure activity:**

#### **TYPE**

\_\_\_\_\_ Tonic – Clonic

#### **WHAT IT LOOKS LIKE**

Convulsion or sudden fall

#### **MANAGEMENT**

1. Remain calm- reassure other students.
2. Ease student to the floor and clear the area around student.
3. Put something flat and soft underneath head.
4. **DO NOT PUT ANYTHING IN MOUTH**
5. Turn head to the side. This keeps airway clear allowing to breathe freely.
6. When jerking movements stop, let the student rest until consciousness returns

<b>TYPE</b>	<b>WHAT IT LOOKS LIKE</b>	<b>MANAGEMENT</b>
____Absence	Brief but frequent episodes of blank staring	Make sure student doesn't miss any important parts of the lesson.
____Simple Partial	Distortions of the students environment which are invisible to everyone else.	If the student seems confused or frightened, comfort and reassure.
____Complex Partial	Dazed trance-like behavior during which a student's consciousness is suspended and memory does not function. May walk about.	Speak calmly and guide student to their seat. If seated ignore behavior and have student stay in classroom until symptoms subside.

\_\_\_\_Other (please describe) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

The rescue squad should be called if:

1. The seizure lasts longer than \_\_\_\_\_ minutes.
2. Consciousness does not return after seizure ends.
3. A second seizure begins shortly after the first one.
4. Or other written instructions \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Specific medication regimen ordered by Medical Provider:

<b>NAME OF MEDICATION</b>	<b>DOSAGE</b>	<b>TIMES TO BE ADMINISTERED</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Parent/Guardian Signature:** \_\_\_\_\_

**Medical Provider Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_