

# BANGOR AREA SCHOOL DISTRICT

No. 209.3-AR-1  
ADMINISTRATIVE REGULATION  
Last reviewed on April 23, 2020

## 209.3-AR-1. SEIZURE ACTION PLAN

**This student is being treated for a seizure disorder. The information below will assist you if a seizure occurs during school hours.**

Student's Name	Date of Birth
Parent/Guardian	Primary Contact Phone Number Secondary Contact Phone Number
Other Emergency Contact	Primary Contact Phone Number Secondary Contact Phone Number
Treating Physician	Primary Contact Phone Number
Significant Medical History	

### Seizure Information

Seizure Type	Length	Frequency	Description

Seizure triggers or warning signs:	Students response after a seizure:
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### Basic First Aid: Care and Comfort

Please describe basic first aid procedures:

Does the student need to leave the classroom after a seizure?  Yes  No

If Yes, describe process for returning student to classroom:

### Basic Seizure First Aid

- Stay calm and track time
  - Keep child safe
  - Do not restrain
  - Do not put anything in mouth
  - Stay with child until fully conscious
- For tonic-clonic seizure:
- Protect head
  - Keep airway open/watch breathing
  - Turn child on side

### Emergency Response

"seizure emergency" for this student is defined as:

- Seizure Emergency Protocol  
(Check all that apply and clarify below)
- Contact school nurse at \_\_\_\_\_
  - Call 911 for transport to \_\_\_\_\_
  - Notify Parent or emergency contact
  - Administer emergency medications as indicated below
  - Notify Doctor
  - Other \_\_\_\_\_

### A seizure is generally considered an emergency when:

- Convulsive (tonic-clonic) seizure last longer than 5 minutes
- Student has repeated seizures without regaining consciousness
- Student is injured or has diabetes
- Student has a first-time seizure
- Student has breathing difficulties
- Student has seizure in water

### Treatment Protocol During School Hours (include daily and emergency medications)

Emergency Medication	Medication	Dosage & Time of Day Given	Common Side Effects & Special Instructions

Does student have a Vagus Nerve Stimulator?  Yes  No If yes, describe magnet use:

### Special Considerations and Precautions (regarding school activities, sports, trips, etc.)

Describe any special considerations or precautions:

Physician Signature	Date
Parent/Guardian Signature	Date

Adapted from the Epilepsy Foundation Seizure Action Plan