SEIZURE ACTION PLAN

Fairless Local Schools
2026-2027

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

Grade: _____ **Home Room Teacher:** _____

What does a "typical" seizure for your child look like, and how long does it last? _____
_____
_____

Seizure triggers or warning signs: _____

Name of Medication taken	**Dose**	**Times Taken**
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

♦ BASIC FIRST AID FOR SEIZURES ♦

Most seizures end without harm after 1 or 2 minutes.

1. **Remain calm**
2. **Note the time that the seizure began**
3. **Stay with the student**
4. **Contact office immediately to notify parent**
5. **Cushion head, remove glasses**
6. **Loosen tight clothing**
7. **Turn on side and keep airway clear**
8. **Move things away that could cause injury**
9. **Don't put anything in mouth**
10. **Don't hold down**
11. **Note time seizure ended**

After the seizure:

***Child may need to be cleaned up as he/she may have soiled his/her pants or vomited.**
***The child may be very tired and sleepy and may complain of a headache.**
***The child will need to be directly observed until the parents arrive to take him/her home.**
***Record observations of the seizure activity on student's green health record**

Basic first aid for seizures will be provided to the student unless a seizure emergency has been identified.

♦ SEIZURE EMERGENCY RESPONSE ♦

A seizure is generally considered an Emergency when:

1. **A convulsive seizure lasts longer than 5 minutes**
2. **Student has repeated seizures without regaining consciousness**
3. **Student is injured or has diabetes**
4. **Student has breathing difficulties**
5. **Student has a first time seizure**

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

Seizure Emergency Protocol for this student: ***(Check all that apply)***

_____ **Call 911 for transport to** _____
_____ **Notify parent or emergency contact**
_____ **Administer emergency medication(s):** _____
*****Signed medication authorization form must be on file before any med can be given!**

Comments/Special Instructions: _____
_____
_____

I authorize school personnel to implement this management and emergency plan as described above.

Physician Signature: _____ **Date:** _____

Physician contact information: _____

Parent/Guardian Signature: _____ **Date:** _____