

2026-2027 Febrile Seizure Protocol/Action Plan

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

Virginia Department of Social Services (VDOE) regulations require that the following steps shall be taken in the event your child experiences or shows symptoms of a seizure.

A completed Medication Authorization Form with Physician's signature must accompany this action plan.

Please Fill in Blank Areas Below

1. If we suspect a fever:

- ♦ Take temperature every 5-10 minutes

2. If child has a temperature of _____ degrees or higher

- ♦ Administer fever reducing medication(s). Medication Name: _____

- ♦ Call Parent/Guardian: _____

3. If child has a fever of _____ degrees or higher

- ♦ Remove outer clothing or tight clothing
- ♦ Administer fever reducing medication
- ♦ Call parents to pick child up
- ♦ Take temperature every 5-10 minutes

4. If child turns blue staff will:

- ♦ Call 911
- ♦ Call parents

5. If child is not breathing staff will:

- ♦ Administer CPR
- ♦ **Call 911**
- ♦ Call parents

6. If child is having a febrile seizure staff will:

- ♦ **Call 911**
- ♦ Place child on floor away from any hard or sharp objects
- ♦ Turn child's head to the side so that saliva or vomit can drain from their mouth
- ♦ Do not put anything in child's mouth
- ♦ Call parents.

The forenamed student is my child and I have authorized any certified staff member at Merritt Academy to follow the protocol outlined on this page.

Parent/Guardian signature and date: _____