



School:

Seizure information			
Seizure Type	Length	Frequency	Description

Student's response after a seizure: _____

Seizure Treatment			
If the student has a seizure at school: ☐ Contact the school nurse ☐ Administer Emergency Medications as indicated below ☐ Call 911:			
☐ Notify Healthcare Provider ☐ Notify parent/guardian or emergency contact ☐ Other:			
Treatment Protocol During School Hours (daily and emergency medications)			
Emergency Med (v)	Medication/Route/Frequency	Dosage and Time of Day Given	Common Side Effects and Special Instructions
Does the student have a Vagus Nerve Stimulator? ☐ Yes ☐ No If yes, describe use:			

Healthcare Provider Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____