

Oklahoma Seizure Safe Schools Seizure Action Plan

Date: _____ (Valid for one year from this date)

Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____

Emergency Contact / Relationship: _____

Phone: _____

Seizure Information

Seizure Type	Brief Description

How to respond to a seizure (Check all that apply) ☒	
☐ First aid – Stay. Safe. Side	☐ Notify emergency contact
☐ Give rescue therapy according to SAP	☐ Call 911
☐ Notify emergency contact	☐ Other _____

First Aid for any seizure

- ☐ **STAY** Calm, keep calm, begin timing the seizure.
- ☐ Keep me **SAFE** – Remove harmful objects, don't restrain, protect head.
- ☐ **SIDE** – Turn on side if not awake, keep airway clear, don't put objects in mouth.
- ☐ **STAY** until recovered from seizure.
- ☐ Swipe magnet for VNS.
- ☐ Write down what happened: _____
- ☐ Other: _____

When to call 911

- ☐ Seizure with loss of consciousness longer than 5 minutes and not responding to rescue medication.
- ☐ Repeated seizures longer than 10 minutes. No recovery between them. Not responding to rescue medication.
- ☐ Difficulty breathing after seizure.
- ☐ Serious injury occurs or suspected.
- ☐ Seizure in water.

When **RESCUE THERAPY** may be needed:

WHEN AND WHAT TO DO

If seizure (Cluster, # or length): _____

Name of Med/Rx: _____ Dose: _____

If seizure (Cluster, # or length): _____

Name of Med/Rx: _____ Dose: _____

If seizure (Cluster, # or length): _____

Name of Med/Rx: _____ Dose: _____

After Seizure Care

Can the student return to the classroom after seizure

☐ Yes ☐ No

Can the student return to normal activities once returned to baseline

☐ Yes ☐ No

Daily Seizure Medications

Medication	Dose	Amount of Tab / Liquid	How Taken (Time of each dose and how much)

Other information

Triggers: _____

☐ None

Allergies: _____

☐ None

Implanted Device: _____ VNS _____ RNS _____ DBS Date Implanted: _____

Diet Therapy: _____ Ketogenic _____ Low Glycemic _____ Modified Atkins _____ Other: _____

Special instructions: _____

Parent or

Legal Guardian Signature: _____

Date: ____/____/____

Provider Signature: _____

Date: ____/____/____

Reviewed by School Staff: _____

Date: ____/____/____

Date: ____/____/____