



## Seizure Action Plan

Effective Date

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

|                             |               |      |
|-----------------------------|---------------|------|
| Student's Name              | Date of Birth |      |
| Parent/Guardian             | Phone         | Cell |
| Other Emergency Contact     | Phone         | Cell |
| Treating Physician          | Phone         |      |
| Significant Medical History |               |      |

### Seizure Information

| Seizure Type | Length | Frequency | Description |
|--------------|--------|-----------|-------------|
|              |        |           |             |
|              |        |           |             |
|              |        |           |             |
|              |        |           |             |

Seizure triggers or warning signs: Student's response after a seizure:

### Basic First Aid: Care & Comfort

Please describe basic first aid procedures:

Does 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 & track time
- Keep child safe
- Do not restrain
- Do not put anything in mouth
- Stay with child until fully conscious
- Record seizure in log

#### For tonic-clonic seizure:

- Protect head
- Keep airway open/watch breathing
- Turn child on side

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

- Convulsive (tonic-clonic) seizure lasts 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 a seizure in water

### Emergency Response

A "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 \_\_\_\_\_

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

| Emerg. Med. ✓ | 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 \_\_\_\_\_