

Seizure Action Plan

(All sections must be completed.)

Effective Date: _____

Place Student's
Photo Here

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:	Other Phone:
Other Emergency Contact:	Phone:	Other Phone:
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

Emergency Response

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

Seizure Emergency Protocol
(Check all that apply and clarify below)

- Call 911 for transport to _____
- Notify parent or emergency contact
- Administer emergency medications as indicated below
- Notify doctor
- Other _____

- 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

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

Emerg. Med <input checked="" type="checkbox"/>	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: _____

Principal's Initials