



Seizure Action Plan

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
Physician	Phone	Cell
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 and 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:

	<p>Basic Seizure First Aid</p> <ul style="list-style-type: none"> Stay calm and track time Keep child Safe Do not restrain Do not put anything in mouth Stay with child until fully conscious Record seizure in log <p>For Tonic-Clonic Seizure</p> <ul style="list-style-type: none"> 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)

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

	<p>A seizure is generally considered an emergency when:</p> <ul style="list-style-type: none"> 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)

Emergency Medication	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: _____