



**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: \_\_\_\_\_  
 Treating Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Significant medical history: \_\_\_\_\_

**SEIZURE INFORMATION:**

<i>Seizure Type</i>	<i>Length</i>	<i>Frequency</i>	<i>Description</i>

Seizure triggers or warning signs: \_\_\_\_\_

Student's reaction to 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

**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  
 Notify doctor  
 Administer emergency medications as indicated below  
 Other \_\_\_\_\_

**TREATMENT PROTOCOL DURING SCHOOL HOURS: (include daily and emergency medications)**

**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 (grand mal) seizure:**

- ✓ Protect head
- ✓ Keep airway open/watch breathing
- ✓ Turn child on side
- ✓ **BASIC SEIZURE FIRST AID:**

*Keep the child safe*  
*Explain to others*  
*Do not restrain*  
*Do not put anything in mouth*  
*Stay with child until fully conscious*  
**For tonic-clonic**  
*Turn child on side*  
*Cushion head*

A Seizure is generally considered an Emergency when:

- ✓ A convulsive (tonic-clonic) seizure lasts longer than 5 minutes
- ✓ Student has repeated seizures without regaining consciousness
- ✓ Student has a first time seizure
- ✓ Student is injured or has diabetes
- ✓ Student has breathing difficulties
- ✓ Student has a seizure in water

Daily Medication	Dosage & Time of Day Given	Common Side Effects & Special Instructions

Emergency/Rescue Medication \_\_\_\_\_

Does student have a **Vagus Nerve Stimulator (VNS)**? YES NO  
 If YES, Describe magnet use \_\_\_\_\_

**SPECIAL CONSIDERATIONS & SAFETY PRECAUTIONS:** *(regarding school activities, sports, trips, etc.)*

Physician Signature: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_