



# 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
<ul style="list-style-type: none"> <li>Stay calm &amp; track time</li> <li>Keep child safe</li> <li>Do not restrain</li> <li>Do not put anything in mouth</li> <li>Stay with child until fully conscious</li> <li>Record seizure in log</li> </ul> <p><b>For tonic-clonic seizures:</b></p> <ul style="list-style-type: none"> <li>Protect head</li> <li>Keep airway open/watch breathing</li> <li>Turn child on side</li> </ul>

## 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 \_\_\_\_\_

A seizure is generally considered an emergency when:
<ul style="list-style-type: none"> <li>Convulsive (tonic-clonic) seizure lasts longer than 5 minutes</li> <li>Student has repeated seizures without regaining consciousness</li> <li>Student is injured or has diabetes</li> <li>Student has a first-time seizure</li> <li>Student has breathing difficulties</li> <li>Student has a seizure in water</li> </ul>

## 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 \_\_\_\_\_