



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

Basic First Aid: Care & Comfort		Basic Seizure First Aid.
Please describe basic first aid procedures		<ul style="list-style-type: none">Stay calm & track timeKeep child safeDo not restrainDo not put anything in mouthStay with Child until fully consciousRecord Seizure in log For tonic-clonic seizure: <ul style="list-style-type: none">Protect headKeep airway open/watch breathingTurn child on side A seizure is generally considered an emergency when: <ul style="list-style-type: none">Convince (tonic-clonic) seizure lasts longer than 5 minutesStudent has repeated seizures without regaining consciousnessStudent is injured or has diabetesStudent has a first-time seizureStudent has breathing difficultiesStudent has a seizure in water
Does student need to leave the classroom after a seizure? <input type="checkbox"/> If YES, describe process for returning student to classroom: YES <input type="checkbox"/> NO <input type="checkbox"/>		
Emergency Response		
A "seizure emergency" for this student is defined as:	Seizure Emergency Protocol (Check all that apply and clarify below) <ul style="list-style-type: none"><input type="checkbox"/> Contact school nurse at _____<input type="checkbox"/> Call 911 for transport to _____<input type="checkbox"/> Notify Parent or emergency contact<input type="checkbox"/> Administer emergency medications as indicated below<input type="checkbox"/> Notify doctor<input type="checkbox"/> 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	_____