

Seizure Action Plan

Effective Date

This stud	ent is being tre	ated for a seizur	e disorder. The i	information below should as	sist you if a seizure occurs during
Student's Name				Date of Birth	·
Parent/Guardian				Phone	Cell
Other Emergency Contact				Phone	Cell
Treating Physician			4	Phone	
Significant	Medical History	<u> </u>			
Seizure i	nformation				
Seiz	cure Type	Length	Frequency	Description	
Seizure trig	gers or warning	signs:	Student'	s response after a seizure:	
Basic Fir	rst Aid: Care &	Comfort			Basic Seizure First Aid
Please describe basic first aid procedures: Does student need to leave the classroom after a seizure? If YES, describe process for returning student to classroom:				☐ Yes ☐ No	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:		(Check all that Contact so Call 911 f		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	
Treatmen	nt Protocol Du	ring School Ho	ours (include da	aily and emergency medic	ations)
Emerg. Med. 🗸	Dosage & Time of Day Given			Common Side Effects & Special Instructions	
Does stude	nt have a Vagus	Nerve Stimulate	or? 🗆 Yes 🗆	J No If YES, describe mag	net use:
		s and Precaution derations or preca		school activities, sports, t	rips, etc.)
Physician Signature				Date	
_	ardian Signature			Date	