

Seizure Action Plan

Effective Date ___/___/___

Student's Name _____

Parent/Guardian _____

Date of Birth _____

Other Emergency _____

Phone _____

Cell _____

Treating Physician Contact _____

Neurologist: _____

Seizure 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?

If YES, describe process for returning student to classroom:

Emergency Response

A "seizure emergency" for This student is defined as:

Seizure Emergency Protocol

- Call 911 for transport to _____
- Notify parent or emergency contact
- Notify doctor
- Other _____

If seizure is longer than 5 minutes CALL 911

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 seizure:

- Protect head
- Keep airway open/watch breathing
- Turn child on side

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

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 _____