Seizure Action Plan

This student is being treated for a seizure disorder. The information below should assist you if a seizure occurs during school hours or a school sponsored event.

Student Name	Date of Birth	School Year	Grade
Parent/Guardian Name	Home Phone	Other Phone	
Emergency Contact	Home Phone	Other Phone	

DESCRIPTION OF SEIZURES:

Seizure Type:	Description:
	Triggers & warning signs:
	Physical description:
	Length/duration & frequency of seizures:
	General response after a seizure:

If student has more than one seizure type, see back of form

Does your child know when a seizure is about to occur? □ Yes □ No
If YES, please explain:
_____

SCHOOL RESPONSE PLAN:

Basic Seizure First Aid	Seizure Response Plan (check all that apply and clarify below):
• Stay calm and record time • Notify Health Office • Do not restrain movements • Do not put anything in mouth • Stay with child until fully conscious **For tonic-clonic seizure:** • Protect head from injury • Keep airway open / watch breathing • Turn Child on side	□ Notify health office □ Administer emergency medication as indicated below and call 911 □ Call 911 (regardless of administering emergency medication or not) □ Notify parents or emergency contact □ Record seizure event □ Notify Doctor □ Other _____.

Seizures are considered an emergency when:

- Student has a seizure in water
- Student has a convulsive (tonic-clinic) seizure lasting 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

MEDICATION(S):

Medication	Dose, Route, Time & Frequency	To be administered at:	Side Effects & Special Instructions
		□ Home □ School	
		□ Home □ School	
		□ Home □ School	

Will medication be kept in the health office?
□ Yes □ No

Will your child have medication kept in another location as well?
□ Yes □ No If YES, please explain:

Does student have a Vagus Nerve Stimulator?
□ Yes □ No If YES, describe magnet use:

Seizure Action Plan

When was the last time emergency medication was administered?

Was the student hospitalized after the event?
 Yes No

SPECIAL CONSIDERATIONS AND PRECAUTIONS:

Describe any special considerations or precautions regarding school activities, sports, trips, etc.

_____ _____ _____
Physician/HCP Authorization Signature **Date** **Physician Phone**

_____ _____ _____
Parent/Guardian Authorization Signature **Date** **Parent/Guardian Phone**

_____ _____
School Nurse Authorization Signature **Date**

ONLY USE IF STUDENT HAS MORE THAN ONE SEIZURE TYPE

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Seizure Type:	Description:
	Triggers & warning signs:
	Physical description:
	Length/duration & frequency of seizures:
	General response after a seizure:
	Triggers & warning signs:
	Physical description:
	Length/duration & frequency of seizures:
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	Length/duration & frequency of seizures:
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	Physical description:
	Length/duration & frequency of seizures:
	General response after a seizure: