

## **Seizure Action Plan**

**Effective Date** 

		ted for a seizu	re disorder. The	information below should as	sist you if a seizure occurs during
school hours. Student's Name				Date of Birth	
Parent/Guardian				Phone	Cell
				Phone	Cell
Other Emergency Contact					Cell
Treating Physician				Phone	
Significa	ant Medical History				
Seizu	re Information				
	Seizure Type	Length	Frequency	Description	
<u> </u>			0.1.		
Seizure	triggers or warning s	signs:	Student	's response after a seizure:	
- ·	<del></del>	2 ( )			Basic Seizure First Aid
Basic First Aid: Care & Comfort  Please describe basic first aid procedures:					Stay calm & track time
Does student need to leave the classroom after a seizure?  If YES, describe process for returning student to classroom:				☐ Yes ☐ No	<ul> <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> <li>For tonic-clonic seizure:</li> </ul>
Emergency Response					<ul><li>Protect head</li><li>Keep airway open/watch breathing</li><li>Turn child on side</li></ul>
this student is defined as:		(Check all that Contact so Call 911 Notify pa Administ Notify do	octor	elow)	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
Treati	ment Protocol Du	ring School H	lours (include d	aily and emergency medic	
Emerg. Med. 🗸	Medication	Dos	age & Day Given	· · · · · · · · · · · · · · · · · · ·	cts & Special Instructions
Does st	udent have a <b>Vagus</b>	Nerve Stimula	tor? 🗖 Yes 🗈	☐ No   If YES, describe maç	gnet use:
_	al Considerations e any special consid			school activities, sports,	trips, etc.)
Physician Signature				Date	·
Parent/Guardian Signature				Date	