

## **Seizure Action Plan**

Effective Date

Parent/Guardian Phone Cell  Treating Physician Phone  Significant Medical History  Seizure Information  Seizure Type Length Frequency Description  Seizure First Aid  Stay calm & track time  Keep child safe  Do not put anything in mouth  Stay calm & track time  Neep child safe  Do not put anything in mouth  Seizure Seizure Seizure Protection of the Stay calm of the Seizure	school hours.			e information below should assist you if a seizure occurs during		
Other Emergency Contact  Phone  Cell  Treating Physician  Phone  Significant 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?  Please describe process for returning student to classroom:  If YES, describe process for returning student to classroom:  Emergency Response  A seizure emergency for chis student is defined as:  Ocntact school nurse at Contact school	Student's Name			Date of Birth		
Seizure Information   Seizure Type   Length   Frequency   Description	Parent/Guardian			Phone Cell		
Seizure Information  Seizure Type	Other Emergency Contact			Phone	Cell	
Seizure Type	Treating Physician		P	Phone		
Seizure Type	Significant Medical History					
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:  Call 911 for transport to Notify parent or emergency contact Administer emergency medications as indicated below Notify doctor Other  Treatment Protocol During School Hours (include daily and emergency medications)  Does student have a Vagus Nerve Stimulator?  Yes   Notify Effects & Special Instructions  Physician Signature   Date  Physician Signature   Date  Physician Signature   Date	Seizure Information					
Basic First Aid: Care & Comfort  Please describe basic first aid procedures:  Does student need to leave the classroom after a seizure?   Yes   No   YeS, describe process for returning student to classroom:  Emergency Response  A "seizure emergency" for Contact school nurse at   Contact school nurse at	Seizure Type	Length	Frequency	Description		
Basic First Aid: Care & Comfort  Please describe basic first aid procedures:  Does student need to leave the classroom after a seizure?   Yes   No   YeS, describe process for returning student to classroom:  Emergency Response  A "seizure emergency" for Contact school nurse at   Contact school nurse at						
Please describe basic first aid procedures:    Please describe basic first aid procedures:   Please describe basic first aid procedures:   Please describe basic first aid procedures:   Please describe basic first aid procedures:   Please describe basic first aid procedures:   Please describe process for returning student to classroom:   Precedit of the precedit of t	Seizure triggers or warning s	signs:	Student's	response after a seizure:		
Please describe basic first aid procedures:    Please describe basic first aid procedures:   Please describe basic first aid procedures:   Please describe basic first aid procedures:   Please describe basic first aid procedures:   Please describe basic first aid procedures:   Please describe process for returning student to classroom:   Precedit of the precedit of t	Pagia First Aid: Care 8	Comfort			Basic Seizure First Aid	
Does student need to leave the classroom after a seizure?   Yes   No   Stay with child until fully conscious						
A seizure is generally (Check all that apply and clarify below)  Contact school nurse at longer than 5 minutes  Call 911 for transport to Student has repeated seizures witho regaining consciousness  A seizure is generally considered an emergency whe Convulsive (tonic-clonic) seizure last longer than 5 minutes  Call 911 for transport to Student has repeated seizures witho regaining consciousness  Student has repeated seizures witho regaining consciousness  Student has a first-time seizure  Student has a first-time seizure  Student has a seizure in water  Treatment Protocol During School Hours (include daily and emergency medications)  Emerg. Med. V 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	If YES, describe process for returning student to classroom:  Emergency Response				Stay with child until fully conscious     Record seizure in log     For tonic-clonic seizure:     Protect head     Keep airway open/watch breathing	
Treatment Protocol During School Hours (include daily and emergency medications)  Emerg.	this student is defined as:	(Check all that apply and clarify below)  ☐ Contact school nurse at			Considered an emergency when     Convulsive (tonic-clonic) seizure lasts longer than 5 minutes     Student has repeated seizures withou regaining consciousness     Student is injured or has diabetes     Student has a first-time seizure     Student has breathing difficulties	
Dosage & Time of Day Given Common Side Effects & Special Instructions  Does student have a Vagus Nerve Stimulator?	Treatment Protocol Dui	ring School Hours	(include dai	ly and emergency medic	The second of th	
Special Considerations and Precautions (regarding school activities, sports, trips, etc.)  Describe any special considerations or precautions:  Physician Signature Date	Emerg. Dosage &					
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