

SEIZURE ACTION PLAN

Effective	Date	
	Date	

Date:_____

					Effective Date
THIS STUDENT IS BEIN SEIZURE OCCURS DU			ZURE DISORDER. THE II	NFORMA	TION BELOW SHOULD ASSIST YOU IF
Student's Name:				Date	e of Birth:
Parent/Guardian:					Cell:
Treating Physician:					
= -					
SEIZURE INFORMAT				Б.	
Seizure Type	Length	Frequency		Description	
Seizure triggers or wa	rnina sian	s:			
EMERGENCY RESPO	irst aid prod leave the be process	cedures) classroom aft for returning	student to classroom	0	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 (grand mal) seizure: ✓ Protect head ✓ Keep airway open/watch breathing
A "seizure emergency	" for this s	tudent is defir	ned as:		✓ Turn child on side A Seizure is generally considered an
Seizure Emergency P Contact school nur Call 911 for transp Notify parent or em Notify doctor Administer emerge Other	rse at ort to nergency o	contact		<u></u>	Emergency when: ✓ A convulsive (tonic-clonic) seizure last longer than 5 minutes ✓ Student has repeated seizures withour regaining consciousness ✓ Student has a first time seizure ✓ Student is injured or has diabetes ✓ Student has breathing difficulties ✓ Student has a seizure in water
					emergency medications)
Daily Medication	Do	sage & Time of	Day Given Col	nmon Sig	de Effects & Special Instructions
Emergency/Rescue Med	l dication				
Does student have a V	Vagus Ne		or (VNS)? YES NO		
SPECIAL CONSIDER	RATIONS	& SAFETY P	RECAUTIONS: (regard	ing schoo	ol activities, sports, trips, etc.)
Physician Signature	:				Date:

Parent Signature: