

SEIZURE ACTION PLAN

Student's Name: _____ Date of Birth: _____

Grade: _____ Home Room Teacher: _____

What does a "typical" seizure for your child look like, and how long does it last? _____

Seizure triggers or warning signs: _____

Name of Medication taken	Dose	Times Taken
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

◆ BASIC FIRST AID FOR SEIZURES ◆

Most seizures end without harm after 1 or 2 minutes.

1. Remain calm
2. Note the time that the seizure began
3. Stay with the student
4. Contact office immediately to notify parent
5. Cushion head, remove glasses
6. Loosen tight clothing
7. Turn on side and keep airway clear
8. Move things away that could cause injury
9. Don't put anything in mouth
10. Don't hold down
11. Note time seizure ended

After the seizure:

- *Child may need to be cleaned up as he/she may have soiled his/her pants or vomited.
- *The child may be very tired and sleepy and may complain of a headache.
- *The child will need to be directly observed until the parents arrive to take him/her home.
- *Record observations of the seizure activity on student's health record

Basic first aid for seizures will be provided to the student unless a seizure emergency has been identified.

◆ SEIZURE EMERGENCY RESPONSE ◆

A seizure is generally considered an Emergency when:

1. A convulsive seizure lasts longer than 5 minutes
2. Student has repeated seizures without regaining consciousness
3. Student is injured or has diabetes
4. Student has breathing difficulties
5. Student has a first time seizure

A "seizure emergency" for this student is defined as: _____

Seizure Emergency Protocol for this student: *(Check all that apply)*

_____ Call 911 for transport to _____

_____ Notify parent or emergency contact _____

_____ Administer emergency medication(s): _____

***Signed medication authorization form must be on file before any med can be given!

Comments/Special Instructions: _____

I authorize school personnel to implement this management and emergency plan as described above.

Parent/Guardian Signature: _____ Date: _____