Clear Form

Seizure Action Plan Effective Date:

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

Student's Name	Date of Birth	
Parent/Guardian	Phone	Cell
Other Emergency Contact	Phone	Cell
Treating Physician	Phone	

Significant Medical History

Seizure Information

Seizure Type	Length	Frequency	Description

Basic First Aid: Care & Comfort

Please describe basic first aid procedures

Does student hoed to leave the classroom after a seizure? ☐ YES ☐ NO

If YES, describe process for returning student to classroom:

Emergency Response

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

Seizure Emergency Protocol
(Check all that apply and clarify below)

- ☐ Contact school nurse at_____
- ☐ Call 911 for transport to_____
- ☐ Notify Parent or emergency contact
- ☐ Administer emergency medications as indicated below
- ☐ Notify doctor
- ☐ Other_____

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 seizure:

- Protect head
- Keep airway open/watch breathing
- Turn child on side

A seizure is generally considered an emergency when:

- Convince (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

Treatment Protocol During School Hours (Include daily and emergency medications)

Emerg. Med. ✔	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 _____

Parent/Guardian Signature _____ Date _____