

SEIZURE ACTION PLAN

			Effective Date
THIS STUDENT IS BEING T SEIZURE OCCURS DURING		IZURE DISORDER. THE INFO	PRMATION BELOW SHOULD ASSIST YOU IF A
Student's Name:			Date of Birth:
Parent/Guardian:			Cell:
Treating Physician:			
Significant medical history			
,			<u> </u>
SEIZURE INFORMATION	N:		
Seizure Type L	ength Frequency		Description
Seizure triggers or warnin	g signs <u>:</u>		
Student's reaction to seizu	ure:		
### Record seizure in log For tonic-clonic (grand mal) seizure ✓ Protect head ✓ Keep airway open/watch bread ✓ Keep airway open/watch bread ✓ Turn child on side Seizure Emergency Protocol: (Check all that apply and clarify below) Contact school nurse at			✓ 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 ✓ Turn child on side A Seizure is generally considered an Emergency when: ✓ A convulsive (tonic-clonic) seizure lasts longer than 5 minutes ✓ Student has repeated seizures without regaining consciousness ✓ Student has a first time seizure ✓ Student has breathing difficulties
			and emergency medications)
Daily Medication	Dosage & Time o	f Day Given Comm	on Side Effects & Special Instructions
(5)			
Emergency/Rescue Medication			
Does student have a Vagus Nerve Stimulator (VNS) ? YES NO If YES, Describe magnet use			
SPECIAL CONSIDERATI	ONS & SAFETY P	RECAUTIONS: (regarding	school activities, sports, trips, etc.)

Physician Signature:

Parent Signature: