

Fax to	School	MRN:
	_ 5011001	111111.

Seizure Action Plan

This stude	nt is being treated for	r a seizure disorder	. The information l	below shou	ld assist y	you if a seizure occurs during school hours.	
Student's Name Date of Birth:							
Parent/Guar	rdian		Phone			Cell	
Other Emer	gency Contact		Phone			Cell	
Treating Medical Provider Phone							
Significant	Medical History: Ep	ilepsy					
	iformation						
	izure Type	Duration	Frequency	Descri	ption		
Seizure tri	ggers or warning sig	gns: Stu	dent's response af	ter a seiz	ure:		
						Davis Grisson Flord And	
Basic Firs	t Aid: Care and C	omfort				Basic Seizure First Aid Stay calm and track time	
For basic f	first aid procedures	see attached hando	out "First Aid for	Seizures"	,	Keep child safe	
Student needs to leave the classroom after a seizure if he/she is unable to participate					ticipate	Do not restrainDo not put anything in mouth	
	cational program and		ssroom when able	e to		(exception: oral dissolving clonazepam, if	
participate in their educational program.					prescribed as needed for seizure)Stay with child until fully conscious		
Emergency Response						Record in seizure log	
SEE DEFINITION OF SEIZURE EMERGENCY TO THE RIGHT					For tonic-clonic seizure:		
Seizure Emergency Protocol (check additional measures that apply)					Protect headKeep airway open/watch breathing		
X Contact school nurse.					Turn child on side		
X Call 911.						A seizure is considered an emergency	
X Notify parents or emergency contact.					when:		
X Ask parent to contact medical provider.						Convulsive (tonic-clonic) seizure lasts longer than minutes	
☐ Administer emergency medications as indicated below.						Student has repeated seizures without	
Treatment Protocol During School Hours						 regaining consciousness Student is injured or has diabetes 	
(daily and emergency medications)						Student has a first-time seizure	
Emer. Med. √	Medicatio	on Dosag	e and Time Give	n	Comm	on Side Effects/Special Instructions	
ivicu. V	Diazepam gel		mg per rectum for	r seizure	May ca	use respiratory depression and/or sedation; call	
	(Diastat)	longer	than mir	nutes	911 if g	if given.	
Does stude	ent have a Vagus No	erve Stimulator?	□YES □NO I	f YES des	cribe ma	gnet use:	
	one navo a vagas i v			1 125, 400	,01100 1110	spirot aso.	
_	nsiderations and Pre d handout "Safety Gu	·		s etc.) Desc	cribe any s	special considerations or precautions:	
Madical Dr	ovider Signature			Date			
wicuicai Pi	ovider Signature			Date			
Parent/Gua	ardian Signature			Date	<u></u>		