

Seizure Action Plan For School

(To Be Completed By Health Care Provider and Parent)

Student Name: _____ Date of Birth: _____

Trigger(s): _____

Daily Medication(s): _____

1. If you see this: Blank staring with an inability to focus or speak	1. Do this: <ul style="list-style-type: none"><input type="checkbox"/> Note the time the behavior begins.<input type="checkbox"/> Call the office for nurse or trained person.<input type="checkbox"/> If lasts longer than _____ minutes, trained person to give_____.<input type="checkbox"/> Report to parent.<input type="checkbox"/> Allow rest if needed.<input type="checkbox"/> Other: _____
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2. If you see this: Jerking of localized area of body/muscle tension of localized area of body.	2. Do this: <ul style="list-style-type: none"><input type="checkbox"/> Note the time the behavior begins.<input type="checkbox"/> Clear all objects from surrounding area.<input type="checkbox"/> If appears unsteady on chair/feet, place onto lying position on left side on floor.<input type="checkbox"/> Loosen any tight clothing from neck.<input type="checkbox"/> Call the office for nurse or trained person.<input type="checkbox"/> If lasts longer than _____ minutes, trained person to give_____.<input type="checkbox"/> Report to parent.<input type="checkbox"/> Allow rest if needed.<input type="checkbox"/> Other: _____
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3. If you see this: Jerking of entire body/muscle tension of entire body.	3. Do this: <ul style="list-style-type: none"><input type="checkbox"/> Note the time the behavior begins.<input type="checkbox"/> Clear all objects from surrounding area.<input type="checkbox"/> Place onto lying position on left side on floor.<input type="checkbox"/> Loosen any tight clothing from neck.<input type="checkbox"/> Call the office for nurse or trained person.<input type="checkbox"/> If lasts longer than _____ minutes, trained person to give_____.<input type="checkbox"/> Report to parent.<input type="checkbox"/> Allow rest if needed.<input type="checkbox"/> Other: _____
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HealthCare Provider: _____ Phone# _____

(Please Print)

Fax# _____

Signature: _____

Date: _____

Parent/Guardian Signature: _____ Date: _____

Home Phone# _____ Work Phone# _____ Cell Phone# _____

It is the responsibility of the parent to notify the school and provide an updated plan upon any change.