



SEIZURE ACTION PLAN – Elizabeth C-1 Schools

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: _____
Treating Physician: _____ Phone: _____
Significant medical history: _____

SEIZURE INFORMATION:

Seizure Type	Average length	Description

Average frequency: _____
Seizure triggers or warning signs: _____
Student's reaction to seizure: _____

BASIC FIRST AID: CARE & COMFORT: (Please describe basic first aid procedures)

- 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 (grand mal) seizure:

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

Does student need 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
- Notify doctor
- Administer emergency medications as indicated below
- Other _____

- 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 is injured or has diabetes
 - ✓ Student has a first-time seizure
 - ✓ Student has breathing difficulties

TREATMENT PROTOCOL DURING SCHOOL HOURS:

Daily Medication	Dosage & Time of Day Given	Common Side Effects & Special Instructions
Emergency/Rescue Medication		

Does student have a **Vagus Nerve Stimulator (VNS)**? YES NO
If YES, Describe magnet use _____

SPECIAL CONSIDERATIONS & SAFETY PRECAUTIONS: (regarding school activities, sports, trips, etc.)

Physician Signature: _____ Date: _____

Parent Signature: _____ Date: _____