

Seizure Action Plan

Effective Date

Contact school nurse at	This student is bei	ng treated for a seizur	e disorder. The	information below should as	ssist you if a seizure occurs during	
Other Emergency Contact Treating Physician Phone Significant Medical History Seizure Information Seizure Type Length Frequency Description Seizure Student's response after a seizure: Basic First Aid: Care & Comfort Please describe basic first aid procedures: See searche basic first aid procedures: See paid is a seizure Stay with child until fully conscious if YES, describe process for returning student to classroom: Emergency Response A seizure Stay with child until fully conscious if YES, describe process for returning student to classroom: Emergency Response A seizure Stay with child until fully conscious in log For tonic-clonic seizure: Protect head Keep artway open/watch breathing Turn child on side Contact school nurse at Call 911 for transport to Contact school nurse at Call 911 for transport to Contact school nurse at Call 911 for transport to Contact school nurse at Call 911 for transport to Contact school nurse at Call 911 for transport to Contact school nurse at Call 911 for transport to Contact school nurse at Call 91 for transport to Suident has paid scurse with regaining consciousness Student has a laffishing seizure sking scurse with regaining consciousness Student has a laffishing seizure in water Treatment Protocol During School Hours (include daily and emergency medications) Treatment Protocol During School Hours (include daily and emergency medications) Does student has paid fullice Student has a laffishing seizure sking seizure skin				Date of Birth		
Treating Physician Phone Significant Medical History Seizure Information Seizure Type Length Frequency Description Seizure Season Seizure First Aid Slay caln & track time Response Response Age Seizure First Aid Slay caln & track time Description Seizure Seizure First Aid Slay caln & track time Description Seizure Seizure Seizure First Aid Slay caln & track time Description Seizure Seizure Seizure First Aid Slay caln & track time Description Seizure Seizu	Parent/Guardian			Phone Cell		
Seizure Information Seizure Type	Other Emergency Contact			Phone	Cell	
Seizure Type	Treating Physician	· · · · · · · · · · · · · · · · · · ·		Phone		
Seizure triggers or warning signs: Student's response after a seizure: Basic First Aid: Care & Comfort Please describe basic first aid procedures: Does student need to leave the classroom after a seizure? Does student need to leave the classroom after a seizure? Emergency Response A "seizure emergency" for this student is defined as: Contact school nurse at Contact school nurse a	Significant Medical H	istory				
Seizure triggers or warning signs: Student's response after a seizure: Basic First Aid: Care & Comfort Please describe basic first aid procedures: Does student need to leave the classroom after a seizure? Does student need to leave the classroom after a seizure? Emergency Response A "seizure emergency" for this student is defined as: Contact school nurse at Converting and darity below) Contact school nurse at Converting number of the student is defined as: Notify parent or emergency contact Notify doctor Notify arent or emergency medications as indicated below Student is injured or has diabetes a first ime seizure in Student has a seizure in Student is injured or has diabetes in Student has a seizure in seizure in Student has a seizure in seizure in Student has a seizure in Student has a seizure in seizure in Student has a seizure in Student has a seizure in Student has a seizure in s	Seizure Informati	on .				
Basic First Aid: Care & Comfort Please describe basic first aid procedures: Does student need to leave the classroom after a seizure? Yes No No Procedure in the classroom after a seizure? Yes No Yes, describe process for returning student to classroom: Emergency Response A "seizure emergency" for this student is defined as: Contact school nurse at Contact school nurse at Notify parent or emergency contact Administer emergency medications as indicated below Student has a seizure in water Student has a seizure in water			Frequency	Description		
Basic First Aid: Care & Comfort Please describe basic first aid procedures: Does student need to leave the classroom after a seizure? Yes No Stay with child until fully conscious Protect head Protect head						
Please describe basic first aid procedures: Please describe basic first aid procedures: Does student need to leave the classroom after a seizure? Yes No No Stay with child until fully conscious Protocol (stay the condition of this student is defined as: Emergency Response	Seizure triggers or w	arning signs:	Studen	t's response after a seizure:		
Please describe basic first aid procedures: Please describe basic first aid procedures: Does student need to leave the classroom after a seizure? Yes No No Stay with child until fully conscious Protocol (stay the condition of this student is defined as: Emergency Response		SAL 2 A SUFER		12 To	Basic Seizure First Aid	
Contact school nurse at Contact school n			Tigethers, in			
this student is defined as: 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 Notify doctor Other Student has a first-time seizure Student has a seizure in water	If YES, describe prod	ess for returning studen		☐ Yes ☐ No	Stay with child until fully conscious Record seizure in log For tonic-clonic seizure: Protect head Keep airway open/watch breathing	
Call 911 for transport to Notify parent or emergency contact Notify parent or emergency medications as indicated below Notify doctor Other Other Student has a first-time seizure Student has a first-time seizure Student has a seizure in water Treatment Protocol During School Hours (include daily and emergency medications)	A "seizure emergenc this student is defined	Seizure Line		longer than 5 minutes Student has repeated seizures without regaining consciousness Student is injured or has diabetes		
Notify parent or emergency contact Administer emergency medications as indicated below Notify doctor Other Student has a first-time seizure 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						
Administer emergency medications as indicated below Notify doctor Other Student has a first-time seizure Student has a first-time seizure 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			*			
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Describe any special considerations or precautions: Physician Signature Date	Does student have a	Vagus Nerve Stimulate	or? 🗆 Yes	☐ No If YES, describe made	gnet use:	
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•	Physician Signature			Date		
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