



**FORM S-1**

**Cook County Schools**

**SEIZURE ACTION PLAN**

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:**

<i>Seizure Type</i>	<i>Length</i>	<i>Frequency</i>	<i>Description</i>

Seizure triggers or warning signs: \_\_\_\_\_

Student's reaction to seizure: \_\_\_\_\_

**BASIC FIRST AID: CARE & COMFORT:**

*(Please describe basic first aid procedures)*

Does student need to leave the classroom after a seizure? YES NO  
 If YES, describe process for returning student to classroom

- 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

**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 breathing difficulties
  - ✓ Student has a seizure in water

**TREATMENT PROTOCOL DURING SCHOOL HOURS: (include daily and emergency medications)**

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:**

- Please note: If this student participates in extra-curricular school sanctioned or non-school sanctioned athletics or activities either during or after the school day; on or off campus- it is the responsibility of the parent/caregiver to provide a copy of this plan, training for coaches/instructors and any necessary medication directly to the coach/instructor. The medication that the parent/caregiver provides will be kept with the coach/instructor at all times for the duration of student participation.

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Is there any other information that you would like school staff to know about:**

**In addition to the registered nurse at school, health office designated assistants, health office substitute staff and principals of schools- please check persons you would specifically like trained in the students cares:**

- Bus driver name: \_\_\_\_\_
- Classroom teacher (s) \_\_\_\_\_ and/ or other teachers: \_\_\_\_\_
- School counsellor/ Student Support Worker
- Cafeteria staff
- Classroom Paraprofessional
- Recess Supervision Staff
- Other: \_\_\_\_\_

**ISD 166 Health Office contact Information:**

Phone: 218.987.2271 ext 116 Fax: 218.387.9746