

## **Seizure Action Plan**

Effective Date

This st		ted for a seizure	e disorder. The	e information below should a	ssist you if a seizure occurs during
Student's Name				Date of Birth	
Parent/Guardian				Phone	Cell
Other Emergency Contact				Phone	Cell
Treating Physician				Phone	
Significa	nt Medical History				
Coincur	e Information				
		Lamath	Francis	Description	
	Seizure Type	Length	Frequency	Description	
0-:	Aii	.1	Otrada		
Seizure	triggers or warning s	signs:	Studen	nt's response after a seizure:	
					Posio Coimura Firet Aid
Basic First Aid: Care & Comfort					Basic Seizure First Aid
Please describe basic first aid procedures:					<ul><li>Stay calm &amp; track time</li><li>Keep child safe</li></ul>
					<ul><li>Do not restrain</li><li>Do not put anything in mouth</li></ul>
Does student need to leave the classroom after a seizure? ☐ Yes ☐ No					Stay with child until fully conscious
If YES, describe process for returning student to classroom:					Record seizure in log
					For tonic-clonic seizure:  • Protect head
Emergency Response					Keep airway open/watch breathing
	re emergency" for	Coloura Ema	www.pwataa	- I	Turn child on side
	ent is defined as:	Seizure Emergency Protocol (Check all that apply and clarify below)			A seizure is generally considered an emergency when:
		☐ Contact school nurse at			Convulsive (tonic-clonic) seizure lasts longer than 5 minutes
		☐ Administer emergency medications as indicated below ☐ Notify doctor ☐ Other			Student is injured or has diabetes
					Student has a first-time seizure     Student has broothing difficulties.
					Student has breathing difficulties     Student has a seizure in water
		Treatn	nent Protocol Du	ring School Ho	ure (include (
Emerg.	ilent i iotogoi Bai	Dosag	· · ·	dany and emergency mean	
Med. ✓	Medication	Time of Da		Common Side Effe	ects & Special Instructions
Does stu	udent have a Vagus	Nerve Stimulato	or? 🗆 Yes	☐ No If YES, describe ma	agnet use:
Specia	al Considerations	and Precaution	ons (regarding	g school activities, sports,	trips, etc.)
	e any special conside			, ,	. ,
Physician Signature				Date	<u> </u>
Parent/Guardian Signature					
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