

SPECIAL SCHOOL DISTRICT SEIZURE ACTION PLAN

(Adapted from the Epilepsy Foundation, 3/24/09) Form #SZ 2

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: _____

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 _____

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| Basic Seizure First Aid: <ul style="list-style-type: none">✓ Stay calm & track time✓ Keep child safe✓ Do not restrain |
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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 _____

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| A Seizure is generally considered an Emergency when: <ul style="list-style-type: none">✓ 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 |
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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: (regarding school activities, sports, trips, etc.)

Physician Signature: _____ Date: _____

Parent Signature: _____ Date: _____