EPILEPSY FOUNDATION®
Not another moment lost to seizures

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:

_____ _____ _____

Other Emergency Contact: Phone: Cell:

_____ _____ _____

Treating Physician:

_____

Significant Medical History:

_____

Seizure Information

Seizure Type	Length	Frequency	Description

Seizure triggers or warning signs: Student's response after a seizure:

_____ _____

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 seizure:

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

A Seizure is generally considered an emergency when:

- Convulsive (tonic-clonic) seizure last longer than 5 minutes
- Student has repeated seizure without regaining consciousness
- Student is injured or has diabetes
- Student has a first-time seizure
- Student has breathing difficulties
- Student has a seizure in water

Basic First Aid: Care & Comfort

Please describe basic first aid procedures:

_____

Does the 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)

- ☐ Contact school nurse at _____
- ☐ Call 911 for transport to _____
- ☐ Notify parent or emergency contact
- ☐ Administer emergency medications as indicated below
- ☐ Notify doctor
- ☐ Other:

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: _____

Parent/ Guardian Signature: _____ Date: _____