EPILEPSY FOUNDATION®

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 | Phone

Significant medical history

Seizure Information

Seizure Type	Length	Frequency	Description

Seizure triggers or warning signs

Student's reaction to seizure(s)

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

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
- ❒ Administer emergency medications as indicated below
- ❒ Notify doctor
- ❒ Other _____

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

A seizure is generally considered an emergency when:

- ❒ Convulsive (tonic-clonic) seizure lasts longer than 5 minutes
- ❒ Student has repeated seizures without regaining consciousness
- ❒ Student is injured or has diabetic
- ❒ Student has a first-time seizure
- ❒ Student has breathing difficulties
- ❒ 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.)

Physician Signature _____ **Date** _____

Parent/Guardian Signature _____ **Date** _____

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