

**School Seizure Action Plan**

**School Year** \_\_\_\_\_

Name \_\_\_\_\_ Grade/room \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Cell phone \_\_\_\_\_ Other contact \_\_\_\_\_ phone \_\_\_\_\_

Physician \_\_\_\_\_ Hospital preference \_\_\_\_\_

Type of epilepsy \_\_\_\_\_

**Medication**

Daily medication \_\_\_\_\_ given @school yes/no

Name \_\_\_\_\_ Dose \_\_\_\_\_ Time \_\_\_\_\_

Name \_\_\_\_\_ Dose \_\_\_\_\_ Time \_\_\_\_\_

Name \_\_\_\_\_ Dose \_\_\_\_\_ Time \_\_\_\_\_

Emergency medication

Name \_\_\_\_\_ Dose \_\_\_\_\_ Supply @school yes/no

**Seizure History**

What does the seizure look like? \_\_\_\_\_

\_\_\_\_\_

Duration (how long it lasts) \_\_\_\_\_

How often seizures occur? \_\_\_\_\_

Conditions that may cause a seizure (overheating, lights, noise, etc)

\_\_\_\_\_

How long after seizure can the student return to regular activities? \_\_\_\_\_

**Steps to take during a seizure**

1. Stay with student through seizure.
2. Provide for student safety in environment and positioning student.
3. Remove others from the area to protect privacy as pertinent.
4. Time seizure.
5. Give emergency medication if indicated.
6. If breathing difficulty, time elapse exceeds recommendation or other emergency situation arises, 911 will be called.
7. Notify parent.
8. Reorient student and guide student to safe location.
9. Provide rest as needed for student until student ready to resume regular activities.

If you would like other help given or have concerns, please list:

\_\_\_\_\_

\_\_\_\_\_

Parent signature \_\_\_\_\_ Date \_\_\_\_\_