Date: Date:___



Physician Signature:____ Parent Signature:____

SEIZURE ACTION PLAN

Effective	Date	
	Date	

					Effective Date
THIS STUDENT IS BEIN SEIZURE OCCURS DU			ZURE DISORDER. TH	HE INFO	RMATION BELOW SHOULD ASSIST YOU IF
Student's Name:					Date of Birth:
Parent/Guardian:				Phone:	Cell:
Treating Physician:					
Significant medical his					
CEIZUDE INICODAAA	TION				
SEIZURE INFORMA ⁻ Seizure Type	Length	Frequency			Description
Seizure triggers or wa	rning sign	S <u>:</u>			
Student's reaction to s	seizure:				
EMERGENCY RESPO A "seizure emergency Seizure Emergency P	leave the process ONSE: " for this s Protocol: (Corse at	classroom aft for returning tudent is defir	student to classroor ned as:	m	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: ✓ A convulsive (tonic-clonic) seizure last longer than 5 minutes
☐ Call 911 for transport to ☐ Notify parent or emergency contact ☐ Notify doctor ☐ Administer emergency medications as indicated below ☐ Other				 ✓ Student has repeated seizures withour egaining consciousness ✓ Student has a first time seizure ✓ Student is injured or has diabetes ✓ Student has breathing difficulties ✓ Student has a seizure in water 	
TREATMENT PROTO	DCOL DUE	RING SCHOO	DL HOURS: (includ	e dailv	and emergency medications)
Daily Medication		sage & Time of			on Side Effects & Special Instructions
Emergency/Rescue Med	dication				
Does student have a ' If YES, Descri SPECIAL CONSIDER	ibe magne	t use	<u> </u>		school activities, sports, trips, etc.)
OF ECIAL CONSIDER			RECACHONS. (16)	garang	σοι του αυτίνιτου, υροιτο, πιρο, στο.)