



SEIZURE ACTION PLAN

Effective Date _____

Student's Name: _____ Date of Birth: _____
 Parent/Guardian: _____ Phone: _____ Cell: _____
 Treating Physician: _____ Phone: _____
 Significant medical history: _____

SEIZURE INFORMATION:

| <i>Seizure Type</i> | <i>Length</i> | <i>Frequency</i> | <i>Description</i> |
|---------------------|---------------|------------------|--------------------|
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| | | | |
| | | | |

Seizure triggers or warning signs: _____

Student's reaction to seizure: _____

BASIC FIRST AID: CARE & COMFORT:

- Contact school nurse at _____
- Notify parent or emergency contact _____
- Other _____

Basic Seizure First Aid:

- ✓ Stay calm & track time
- ✓ Keep child safe
- ✓ Do not restrain
- ✓ Do not put

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 _____
- Other _____

A Seizure is generally considered an Emergency when:

- ✓ 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

TREATMENT PROTOCOL DURING SCHOOL HOURS:

| Daily Medication | Dosage & Time of Day Given | Common Side Effects & Special Instructions |
|------------------|----------------------------|--|
| | | |
| | | |

| Emergency Medication | Dosage & Indication | Common Side Effects & Special Instructions |
|----------------------|---------------------|--|
| | | |
| | | |

Does student have a **Vagus Nerve Stimulator (VNS)**? YES NO

Describe magnet use _____

Physician Signature: _____ **Date:** _____

Parent Signature below indicates consent to administration of medication above and consent for appropriate CFISD staff to communicate with the physician listed above regarding any aspect of the student's care plan.

Parent Signature: _____ **Date:** _____