



### SEIZURE ACTION PLAN

Effective Date: \_\_\_\_\_



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

Phone: \_\_\_\_\_

Significant medical history: \_\_\_\_\_

#### SEIZURE INFORMATION

Seizure triggers or warning signs: \_\_\_\_\_

Student's reaction to seizure: \_\_\_\_\_

#### BASIC FIRST AID; CARE & COMFORT:

Does student \_\_\_\_\_

- Stay calm & track time
- Keep child safe

Record seizure in log

Turn child on side

Antiepileptic drug is generally continued after seizure for at least 5 minutes

Seizure Emergencies

Notify parent or emergency contact

Other \_\_\_\_\_

- Student has breathing difficulties
- Student has a seizure

Emergency/Rescue Medication \_\_\_\_\_

Does student have \_\_\_\_\_

#### ADDITIONAL CONSIDERATIONS & SAFETY PRECAUTIONS (regarding school activities, sports, trips, etc.)

Physician's \_\_\_\_\_