

Seizure Emergency Action Plan



Student: _____ DOB: _____ Grade: _____

Seizure Type	Seizure Length	Frequency	Seizure Description

Known Triggers: _____

If student is unresponsive and/or any sign of seizure activity:

- 1) Provide seizure first aid and call health office
- 2) **For a seizure lasting longer than _____ minutes OR for a cluster of _____ or more seizures in _____ hours, administer emergency seizure medication. Must call 911 if emergency medication is administered.**
- 3) Calmly have another staff person move other students away from the area.
- 4) Notify the family of seizure activity, questions, or concerns.

Basic Seizure First Aid:

- Stay calm
- Track time
- Turn child on side
- Protect head
- Do not restrain
- Do not put anything in mouth
- Stay with child

Medication Name	Dose	Route	Special Instructions

Care After Seizure: _____

Clinic Name & Address: _____

Clinic Phone: _____ Clinic Fax: _____

Physician's Name (Print): _____

I give permission for the school health services and authorized staff to administer emergency medication and to contact physician if needed:

Physician Signature: _____ Date: _____

Parent/Guardian (Print): _____ Phone Number: _____

Parent/Guardian Signature: _____ Date: _____