



Seizure Action Plan

Effective Date: _____

Student's Name	Date of Birth	School	Grade
Parent/Guardian	Phone	Cell	
Other Emergency Contact	Phone	Cell	
Physician	Phone	Date of Last Visit	

Significant Medical History

Seizure Information

Last Seizure	Seizure Type	Frequency	Description

Seizure triggers or warning signs:

Student's response after a seizure:

Emergency Response

Seizure Emergency Protocol

(Check all that apply and clarify below)

- Contact school nurse immediately
- Call 911
- Notify parent or emergency contact
- Administer emergency medications as indicated below
- Other _____

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
- Protect head
- Keep airway open/watch breathing
- Turn child on side

A seizure is generally considered an emergency when:

- Convulsive (tonic-clonic) seizure lasts longer than 5 minutes
- Student has repeated seizures without regaining consciousness
- Student is injured or has diabetes
- Student has a first-time seizure
- Student has breathing difficulties
- Student has a seizure in water

Medication(s)	Dosage	Time of Day Given	Common Side Effects & Special Instructions

Home Medications not taken at school:

Does student have a **Vagus Nerve Stimulator**? Yes No If YES, describe magnet use: _____

Special Considerations and Precautions (regarding school activities, sports, trips, etc.)

Describe any special considerations or precautions:

Physician Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Health Services Staff Signature _____ Date _____

Must be completed by a
Licensed Health Professional

School City of Hammond
Health Services

Seizure Action Plan Continued

Student's Name: _____ Date of Birth: _____ Effective Date _____

Additional Information:
