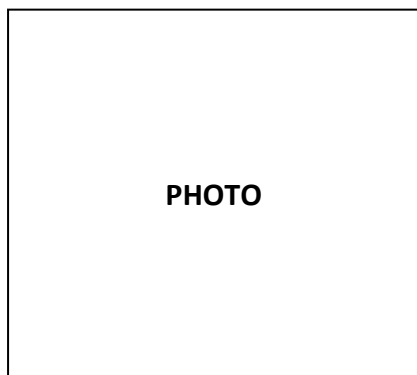


Seizure Emergency Action Plan

Child's Name: _____ Grade: _____ Div: _____ Birthdate: _____
 School Name: _____ School Address: _____

THIS PERSON HAS POTENTIALLY LIFE-THREATENING SEIZURES



Seizure Information:

Type(s) of Seizures: _____

Frequency: _____

Date of last seizure: _____

Medication Information:

This student is taking medications for seizures:

YES NO

Medication Name: _____

Dose: _____

Length of time on medication: _____

***This Careplan is NOT suitable for students with seizure rescue medications. If rescue medications are needed, please contact the nursing support services**

FIRST AID FOR SEIZURES (CROSS OUT ANY THAT DO NOT APPLY)

- Keep Calm. Stay with student.
- Do not restrain the student
- Protect student from injury:
 - Move hazardous objects out of way
 - Lower student to the floor (if possible)
 - Loosen anything tight from around the neck
 - Do not put anything in the student's mouth
- As soon as possible, gently roll the student on their side
- Call Emergency Contact

CALL 9-1-1 if seizure lasts more than 5 minutes, if the student has several seizures in a row, or if confusion lasts for more than 20 minutes after the seizure.

THE STUDENT'S SEIZURES USUALLY PRESENT LIKE:

Warning signs before a seizure:

What happens during a seizure:

EMERGENCY CONTACT INFO:

Name	Relationship	Cell Phone	Other Phone

The undersigned parent/guardian authorizes any adult to provide the first aid management outlined above to the above named person in the event of a seizure, as described above. This protocol has been recommended by the student's Doctor/Nurse Practitioner. The plan will be shared with appropriate facility/school personnel to assist in responding in an Emergency. It is the parent/guardian's responsibility to advise the school about any changes to this plan.

Parent/Guardian

Date

Doctor/NP Signature

Date