



Seguin
INDEPENDENT SCHOOL DISTRICT

SCHOOL HEALTH SERVICES
exceptional students to exceptional citizens

SEIZURE Action Plan

SY:

Effective Date: _____

This student is being treated for a seizure disorder. The information below should assist you if a seizure occurs during school hours.

Student: _____ DOB: _____ ID: _____ GR: _____

Parent: _____ Phone: _____ Cell: _____

Emergency Contact: _____ Phone: _____ Cell: _____

Physician: _____ Phone: _____ Fax: _____

Significant Medical History: _____

Date of last seizure: _____

SEIZURE INFORMATION			
Seizure Type	Length	Frequency	Description

Seizure triggers or warning signs: _____

Student's response after a seizure: _____

Basic First Aid: Care & Comfort		Basic Seizure First Aid
Please describe basic first aid procedures:		<ul style="list-style-type: none"> 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
Does student need to leave the classroom after a seizure: <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, describe process for returning student to classroom:		
Emergency Response		
A "seizure emergency" for this student is defined as: _____	Seizure Emergency Protocol (check all that apply and clarify below) <ul style="list-style-type: none"> <input type="checkbox"/> Contact School Nurse at: _____ <input type="checkbox"/> Call 911 for transport to : _____ <input type="checkbox"/> Notify parent or emergency contact <input type="checkbox"/> Administer emergency meds as listed below <input type="checkbox"/> Notify doctor <input type="checkbox"/> Other: _____ 	For tonic-clonic seizure: <ul style="list-style-type: none"> Protect head Keep airway open/watch breathing Turn child on side
		A seizure is generally considered an EMERGENCY when: <ul style="list-style-type: none"> Convulsive (tonic-clonic) seizure lasts longer than 5 minutes Student has repeated seizures without regaining consciousness Student is injured or has diabetes Student has breathing difficulties Student has a seizure in water

Treatment Protocol During School Hours (include daily and emergency medications)

Emerg Med <input checked="" type="checkbox"/>	Medication	Dosage & Time of Day Given	Common Side Effects & Special Instructions

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

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

Describe any special consideration or precautions: _____

Physician Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____