



## Seizure Action Plan

### Student Information

Student Name	Date of Birth
Parent/Guardian Name	Phone
Emergency Contact	Phone
Primary Care Physician	Phone
Neurologist	Phone

### Seizure Information

Seizure Type	Description	Triggers or Warning Signs

### Preferred Seizure Emergency Response

(Check all that apply)

- Notify Parent/Guardian or Emergency Contact
- Administer Emergency Medications
- Call 911 for Transport to \_\_\_\_\_
- Notify Doctor \_\_\_\_\_

Please provide details for any responses selected:

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## Seizure Action Plan

### Medication List

Emergency Medicine (✓)	Administer at School (✓)	Medication Name	Dosage & AM/PM	Special Instructions

Special Instructions (In regards to: sports, field trips, activities, etc.)

Describe:

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### Seizure First Aid

- Stay Calm
- Move object that could cause harm, but do not move the student
- Cushion student's head with something soft
- Turn student on their side
- Track length of seizure. If length of seizure approaches 5 minutes, call 911
- Do not restrain
- Do not put anything in their mouth
- Stay with student until they fully recover



## Educational Action Plan

Current therapies and their influence on student's education (i.e. medication, occupational therapy, physical therapy, etc.)

Describe:

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Is your student connected with a neurological social worker? Yes/No

If yes, please provide current activities, services, etc. that are recommended by the neurological social worker.

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Parent/Guardian Educational Questions and Concerns

Describe:

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