

# SEIZURE ACTION PLAN

## Parent/Student Information

Student:	DOB:	Grade:
Parent/Guardian:	Phone #:	
Parent/Guardian:	Phone #:	
Physician:	Phone #:	

## Seizure Information

Type(s) of seizure: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Signs/symptoms: \_\_\_\_\_  
\_\_\_\_\_

Possible triggers that should be avoided: \_\_\_\_\_

Is the student allowed to participate in P.E. and other activities? \_\_\_\_\_ No \_\_\_\_\_ Yes ( if yes please explain)  
\_\_\_\_\_

Does student need any special adaptation/protective equipment (e.g. helmets) \_\_\_\_\_ No \_\_\_\_\_ Yes

## Medication Information

If seizure meds are needed to control a seizure please list them below.

<u>Medications</u>	<u>Amount Taken</u>	<u>How often and for what signs</u>
_____	_____	_____
_____	_____	_____

Possible side effects to be reported to parents or physician:  
\_\_\_\_\_

## Seizure Care

<u>Basic Seizure First Aid</u> <ul style="list-style-type: none"><li>● Stay calm &amp; track time</li><li>● Protect head__</li><li>● Do not restrain</li><li>● Do not put anything in mouth</li><li>● Stay with child until fully conscious</li><li>● Keep airway open/watch breathing</li><li>● Turn child on side</li></ul>	<u>A seizure is generally considered an emergency when:</u> <ul style="list-style-type: none"><li>● Convulsive (tonic-clonic)seizure lasts longer than 3 minutes</li><li>● Child has repeated seizures without regaining consciousness</li><li>● Child is injured or has diabetes</li><li>● Child has a first-time seizure</li><li>● Child has breathing difficulties/lips blue</li><li>● Child has a seizure in water</li></ul>
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For the health and safety of the above named student, this information will be shared with school staff on a need-to-know basis. My signature indicates that I am giving permission for the School District of Poynette to exchange information, electronically or verbally, with my clinic/physician. I am responsible for providing any medication to the school.

Parent's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Physician's signature: \_\_\_\_\_

Date: \_\_\_\_\_

