

Bus Rider: # _____
 Car Rider

's Seizure Emergency Action Plan

Student's Name _____

Student's Date of Birth: _____

School: _____ Teacher: _____ Grade: _____
 1) Parent/Guardian: _____ Phone: (w) _____ (c) _____ (h) _____
 2) Parent/Guardian: _____ Phone: (w) _____ (c) _____ (h) _____
 3) Emergency contact: _____ Phone: (w) _____ (c) _____ (h) _____
 Physician: _____ Phone: _____ Fax: _____

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

<u>Grand mal (Tonic-Clonic)</u> <i>When the entire body is convulsing</i>	<u>Petit mal (Absence Seizure)</u> <i>Staring spells</i>
<ul style="list-style-type: none"> • Convulsion • Clenched Jaw • Stop Breathing • Tired, sleepy • Headache 	<ul style="list-style-type: none"> • Loss of Consciousness • Incontinence (Loss of Bladder Control) • Confusion afterward • Bluish Skin Color

First Aid for Seizure Activity

<u>Grand mal (Tonic-Clonic)</u>	<u>Basic First Aid</u>
<ol style="list-style-type: none"> 1. Protect Head 2. Keep airway open/Watch breathing 3. Turn student on side <p style="text-align: right;">_____ Parent initials</p> <p>ADDITIONAL INFORMATION _____</p>	<ol style="list-style-type: none"> 1. Stay calm. 2. Stay with the child continuously. 3. Keep student safe. 4. Do not restrain or place objects into mouth. <p style="text-align: right;">_____ Parent initials</p> <p>ADDITIONAL INFORMATION _____</p>

Emergency Response

<p><i>A seizure emergency for this child is described as follows: (Check all that apply)</i></p> <p><input type="checkbox"/> Convulsions (Tonic-clonic) Seizure lasting longer than 5 minutes</p> <p><input type="checkbox"/> Student has repeated seizure activity without regaining consciousness</p>	<p>Seizure Emergency Protocol: <i>(Check all that apply)</i></p> <p><input type="checkbox"/> Give Emergency Medications listed below:</p> <p><input type="checkbox"/> Call 911 for transport to _____ hospital.</p>
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Treatment Protocol During School Hours *(Including Daily Medications and Emergency Medications)*

* If Emergency.	Medication	Dosage & Time to be given	Common Side Effect & Special Instructions
○			
○			

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

Parent Signature Required	_____ Parent Signature _____ Date
Nurse Signature Reviewed	_____ Nurse Signature _____ Date