SEIZURE ACTION PLAN					
Student:Parent/Guardian:Physician:			Phone:		
Significant Medical History: Possible triggers that should be	avoided:				
Seizure Information:	1	A 1 11/6			D : 6
Seizure Type		Average length/frequency		Description	
EMERGENCY 911 Seizure considered an emergency when: •convulsive seizure last longer than 5 minutes •child has repeated seizure without regaining consciousness •child has a first time seizure •child has breathing difficulties •child has a seizure in water •child is diabetic Does student have a Vagus Nerve Stimulator? Y If YES, describe magnet use:				SEIZURE EMERGENCY PROTOCOL (check all that apply & clarify below) contact school nursecall 911notify parent or emergency contactnotify doctor if neededadminister emergency medication as indicatedother	
Special considerations & safety precautions: (regarding school activities, BASIC S Stay calm & track time: record time o Do not restrain Stay with child until fully conscious Keep airway open/watch breathing			EIZURE FIRST AID:		
Medications: Medication		Dosage Time to be		given	Special instructions
Emergency Phone Numbers: Mother: Father: Other:	i none.				
Written by:				Date	: