



**Seizure Action Plan**

**Student Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

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

Please review, complete the plan below, and return along with the Seizure Parent Acknowledgement. The student’s personal seizure health care team, including the parents/guardians, should complete this plan yearly. This plan should be reviewed with relevant school staff and copies should be kept in a place that can be accessed easily by the school nurse, trained diabetes personnel, and other authorized personnel.

Date of plan: \_\_\_\_\_ This plan is valid for the current school year: \_\_\_\_\_ – \_\_\_\_\_

Student’s physician/health care provider: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Emergency number: \_\_\_\_\_  
 Email address: \_\_\_\_\_  
 Significant Medical History: \_\_\_\_\_  
 \_\_\_\_\_

Seizure Information			
Seizure Type	Length	Frequency	Description

Seizure triggers or warning signs: \_\_\_\_\_  
 Student’s response after a seizure: \_\_\_\_\_

Basic Seizure First Aid	A seizure is generally considered an emergency when:
Stay calm and track time	Convulsion (tonic-clonic) seizure lasts longer than 5 minutes
Keep child safe; protect head	Student has repeated seizures without regaining consciousness
Do not restrain; turn student on side	Student is injured or had diabetes
Do not put anything in mouth	Student has a first-time seizure
Stay with child until fully conscious	Student has breathing difficulties
Keep airway open/watch breathing	Student has a seizure in water
Call the school nurse	

**Basic First Aid: Care & Comfort**

Please describe basic first aid procedures specific to this student: \_\_\_\_\_  
 \_\_\_\_\_

Does student need to leave the classroom after a seizure?  Yes  No

If yes, please describe process for student returning to classroom: \_\_\_\_\_  
 \_\_\_\_\_



Emergency Response	
A "seizure emergency" for this student is defined as: _____ _____ _____ _____ _____ _____ _____	<b>Seizure Emergency Protocol</b> (Check all that apply and clarify below) <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 medications as indicated below <input type="checkbox"/> Notify doctor <input type="checkbox"/> Other _____

Treatment Protocol During School Hours (include daily and emergency medications)			
Emerg. Med. ✓	Medication	Dosage & Time of Day Given	Common Side Effects & Special Instructions

Does the student have a **Vagus Nerve Stimulator**?  Yes  No If YES, describe magnet use: \_\_\_\_\_

Special Considerations and Precautions (regarding school activities, sports, trips, etc.)
Describe any special considerations or precautions: _____
_____

**Signatures:**

<b>Physician Signature:</b> _____	<b>Date:</b> _____
<b>Parent Signature:</b> _____	<b>Date:</b> _____
<b>Student Signature:</b> _____	<b>Date:</b> _____
<b>School Nurse Signature:</b> _____	<b>Date:</b> _____

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