



## Academia de Mi Abuela School Health Program

### SEIZURE ACTION PLAN

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

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Treating Physician: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Significant Medical History: \_\_\_\_\_

**Seizure Information:** Age in which the child first experienced a seizure. \_\_\_\_\_

Seizure Type	Length	Frequency	Description

Seizure triggers or warning signs: \_\_\_\_\_

Student's reaction to seizure after a seizure is over: \_\_\_\_\_

How do other illnesses affect the child's seizures? \_\_\_\_\_

Daily Seizure Medication	Dosage & Time	Common Side Effects & Special Instructions

#### **Basic First Aid: Care & Comfort:**

Additional information to Basic Seizure First Aid, what other procedures should be done when child has a seizure?

Does student need to leave the classroom after a seizure? YES NO  
 Should an extra change of clothes be kept at school? YES NO  
 Does child have a VNS? YES NO

If yes, when should magnet be used? \_\_\_\_\_

#### **Basic Seizure First Aid:**

- Stay calm & track time
- Keep child safe
- Do not restrain
- Do not put anything in mouth
- Stay with child until fully conscious
- Record seizure in log

For tonic-clonic (grand mal) seizure

- Protect head
- Keep airway open/watch breathing
- Turning child on side

**Emergency Response:**

A "seizure emergency" for the student is:

\_\_\_\_\_

Seizure Emergency Protocol: (Check all that apply and clarify below)

- Follow Seizure Emergency Guidelines
- Call 911 for transport to \_\_\_\_\_
- Notify parent or emergency contact
- Notify doctor
- Other
- Administer EMERGENCY/RESCUE MEDICATION as indicated below:

**Seizure Emergency Guidelines**  
 A seizure is generally considered an Emergency when:

- A convulsive (tonic-clonic) seizure lasts longer than 5 minutes
- Student has repeated seizures without regaining consciousness
- Student has a first time seizure
- Student is injured or has diabetes
- Student has breathing difficulties
- Student has a seizure in water

Medication: \_\_\_\_\_ Amount: \_\_\_\_\_ Route: \_\_\_\_\_ Frequency: \_\_\_\_\_

**Special Considerations & Safety Precautions**

**(regarding school activities, sports trips, etc.)**

Describe any special considerations or precautions:

\_\_\_\_\_  
\_\_\_\_\_

Does the student need any special activity adaptations/protective equipment (e.g., helmet) at school? **YES** **NO**

**If yes, please explain:** \_\_\_\_\_

\_\_\_\_\_

Physician Signature: \_\_\_\_\_

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

Parent/Guardian Signature: \_\_\_\_\_

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

Authorized A.M.A. Trained Staff: \_\_\_\_\_

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

AMA Administration/Director: \_\_\_\_\_

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