

**SEIZURE ACTION PLAN
LAKE LOCAL SCHOOL DISTRICT**

Student's Name: _____ Date of Birth: _____
Grade: _____ Home Room Teacher: _____

What does a "typical" seizure for your child look like, and how long does it last? _____

Seizure triggers or warning signs: _____

Name of Medication taken	Dose	Times Taken
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

BASIC FIRST AID FOR SEIZURES

Most seizures end without harm after 1 or 2 minutes.

- | | |
|--|---|
| 1. Remain calm | 7. Turn on side and keep airway clear |
| 2. Note the time that the seizure began | 8. Move things away that could cause injury |
| 3. Stay with the student | 9. Don't put anything in mouth |
| 4. Contact office immediately to notify parent | 10. Don't hold down |
| 5. Cushion head, remove glasses | 11. Note time seizure ended |
| 6. Loosen tight clothing | |

After the seizure:

- ★ Child may need to be cleaned up as he/she may have soiled his/her pants or vomited.
- ★ The child may be very tired and sleepy and may complain of a headache.
- ★ The child will need to be directly observed until the parents arrive to take him/her home.
- ★ Record observations of the seizure activity on student's green health card.

Basic first aid for seizures will be provided to the student unless a seizure emergency has been identified.

SEIZURE EMERGENCY RESPONSE

A seizure is generally considered an Emergency when:

1. A convulsive seizure lasts longer than 5 minutes
2. Student has repeated seizures without regaining consciousness
3. Student is injured or has diabetes
4. Student has breathing difficulties
5. Student has a first time seizure

A "seizure emergency" for this student is defined as: _____

Seizure Emergency Protocol for this student: *(check all that apply)*

- Call 911 for transport to _____
- Notify parent or emergency contact
- Administer emergency medication(s): _____

***Signed medication authorization form must be on file before any med can be given!

Comments/Special instructions: _____

Physician's Signature (required)

Physician's Printed Name

Date

Physician's Address

Physician's Phone Number

I authorize school personnel to implement this management and emergency plan as described above.

Parent/Guardian Signature

Date

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