

CARVER PUBLIC SCHOOLS - SEIZURE ACTION PLAN

Student Name: _____ Date of Birth: _____
 Effective Date: _____ Grade & Teacher: _____
 Significant medical history: _____

EMERGENCY CONTACT INFO

Parent/Guardian: _____ Phone: _____ Cell: _____
 Treating Physician: _____ Phone: _____

SEIZURE INFORMATION:

<i>Seizure Type</i>	<i>Length</i>	<i>Frequency</i>	<i>Description</i>

Seizure triggers or warning signs: _____
 Student's reaction to seizure: _____

BASIC SEIZURE FIRST AID:

- Stay calm & track time
- Remain with child & keep child safe
- Do not restrain or put anything in mouth
- Record in seizure log

For tonic-clonic (grand mal) seizure:

- Protect head
- Watch breathing
- Turn child on side

Does student need to leave the classroom after a seizure? YES NO
 If YES, describe process for returning student to classroom

EMERGENCY RESPONSE:

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

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

- Call 911 for transport
- Contact school nurse at _____
- Notify parent or emergency contact
- Notify doctor (to be done by parent)
- Administer emergency medications indicated below (done by nurse or emergency response)
- Other _____

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

MEDICATIONS ADMINISTERED DURING SCHOOL HOURS: (includes daily and emergency medications)

Medication	Dosage & Time of Day Given	Common Side Effects & Special Instructions

SPECIAL CONSIDERATIONS & SAFETY PRECAUTIONS: *(regarding school activities, sports, field trips, etc.)*

Parent Signature: _____ Date: _____
 School Nurse Signature: _____ Date: _____
 Teacher Signature: _____ Date: _____