

**CONTACT INFORMATION:**

Student's Name: \_\_\_\_\_ School Year: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
 School: \_\_\_\_\_ Grade: \_\_\_\_\_ Classroom: \_\_\_\_\_  
 Parent/Guardian Name: \_\_\_\_\_ Tel. (H): \_\_\_\_\_ (W): \_\_\_\_\_ (C): \_\_\_\_\_  
 Other Emergency Contact: \_\_\_\_\_ Tel. (H): \_\_\_\_\_ (W): \_\_\_\_\_ (C): \_\_\_\_\_  
 Child's Neurologist: \_\_\_\_\_ Tel: \_\_\_\_\_ Location: \_\_\_\_\_  
 Child's Primary Care Dr.: \_\_\_\_\_ Tel: \_\_\_\_\_ Location: \_\_\_\_\_  
 Significant medical history or conditions: \_\_\_\_\_

**SEIZURE INFORMATION:**

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

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

Response after a seizure: \_\_\_\_\_

**TREATMENT PROTOCOL: (include daily and emergency medications)**

<i>Medication</i>	<i>Emergency Med?</i>	<i>Dosage &amp; Time of Day Given</i>	<i>Route of Administration</i>	<i>Common Side Effects &amp; Special Instructions</i>
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			

Does child have a **Vagus Nerve Stimulator (VNS)**? YES NO

If YES, describe magnet use \_\_\_\_\_

**BASIC FIRST AID, CARE & COMFORT:**

Please describe basic first aid procedures: \_\_\_\_\_

\_\_\_\_\_

Does person need to leave the room/area after a seizure? YES NO

If YES, describe process for returning: \_\_\_\_\_

\_\_\_\_\_

**Basic seizure first aid:**

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

**For tonic-clonic (grand mal) seizure:**

- Protect head
- Keep airway open/watch breathing
- Turn person on side

**EMERGENCY RESPONSE:**

A "seizure emergency" for this person is defined as: \_\_\_\_\_

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

- Call 911 for transport to \_\_\_\_\_
- Notify parent or emergency contact
- Notify doctor
- Administer emergency medications as indicated below
- Other \_\_\_\_\_

**A seizure is considered an emergency when:**

- A convulsive (tonic-clonic) seizure lasts longer than 5 minutes
- There are repeated seizures without regaining consciousness
- It's a first-time seizure
- The person is injured or has diabetes
- The person has breathing difficulties
- The seizure is in water

**SEIZURE INFORMATION:**

1. When was your child diagnosed with epilepsy? \_\_\_\_\_
2. How often does your child have a seizure? \_\_\_\_\_
3. Has there been any recent change in your child's seizure patterns? YES NO  
If YES, please explain: \_\_\_\_\_
4. How do other illnesses affect your child's seizure control? \_\_\_\_\_
5. What should be done when your child misses a dose? \_\_\_\_\_  
*(Refer to physician care plan)*

**SPECIAL CONSIDERATIONS & PRECAUTIONS:**

Check any special considerations related to your child's epilepsy while at school. *(Check appropriate boxes and describe the impact of your child's seizures or treatment regimen)*

- |  |   |
|--|---|
| <input type="checkbox"/> General health:       | <input type="checkbox"/> Physical education (gym)/sports: |
| <input type="checkbox"/> Physical functioning: | <input type="checkbox"/> Recess:                          |
| <input type="checkbox"/> Learning:             | <input type="checkbox"/> Field trips:                     |
| <input type="checkbox"/> Behavior:             | <input type="checkbox"/> Bus transportation:              |
| <input type="checkbox"/> Mood/coping:          |   |
| <input type="checkbox"/> Other: _____          |   |

**GENERAL COMMUNICATION ISSUES:**

What is the best way for us to communicate about your child's seizure(s)?: \_\_\_\_\_

Does school personnel have permission to contact your child's physician? YES NO

Can this information be shared with classroom teacher(s) and other appropriate school personnel? YES NO

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Dates Updated \_\_\_\_\_, \_\_\_\_\_

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

***Once this Seizure Action Plan has been filled out, take a copy for the school nurse to keep.***

**Visit EFMN.ORG for additional resources.**