



SEIZURE ACTION PLAN

Effective Date: _____

SEIZURE INFORMATION

Parent/Guardian: _____

Phone: _____

Significant medical history: _____

SEIZURE INFORMATION

Seizure triggers or warning signs: _____

Student's reaction to seizure: _____

BASIC FIRST AID; CARE & COMFORT:

Does student _____

Record seizure in log

Turn child on side

A seizure is generally considered an emergency if it lasts longer than 5 minutes

Seizure Emergency

Other _____

Student has breathing difficulties
 Student has a seizure

Emergency/Rescue Medication _____

Does student _____

ADDITIONAL CONSIDERATIONS & SAFETY PRECAUTIONS (regarding school activities, sports, trips, etc.)

Physician _____