

Seizure Action Plan For School

(To Be Completed By Health Care Provider and Parent)

Student Name: _____ Date of Birth: _____

Trigger(s): _____

Daily Medication(s): _____

1. If you see this:	1. Do this:
Blank staring with an inability to focus or speak	<input type="checkbox"/> Note the time the behavior begins. <input type="checkbox"/> Call the office for nurse or trained person. <input type="checkbox"/> If lasts longer than _____ minutes, trained person to give_____. <input type="checkbox"/> Report to parent. <input type="checkbox"/> Allow rest if needed. <input type="checkbox"/> Other: _____

2. If you see this:	2. Do this:
Jerking of localized area of body/muscle tension of localized area of body.	<input type="checkbox"/> Note the time the behavior begins. <input type="checkbox"/> Clear all objects from surrounding area. <input type="checkbox"/> If appears unsteady on chair/feet, place onto lying position on left side on floor. <input type="checkbox"/> Loosen any tight clothing from neck. <input type="checkbox"/> Call the office for nurse or trained person. <input type="checkbox"/> If lasts longer than _____ minutes, trained person to give_____. <input type="checkbox"/> Report to parent. <input type="checkbox"/> Allow rest if needed. <input type="checkbox"/> Other: _____

3. If you see this:	3. Do this:
Jerking of entire body/muscle tension of entire body.	<input type="checkbox"/> Note the time the behavior begins. <input type="checkbox"/> Clear all objects from surrounding area. <input type="checkbox"/> Place onto lying position on left side on floor. <input type="checkbox"/> Loosen any tight clothing from neck. <input type="checkbox"/> Call the office for nurse or trained person. <input type="checkbox"/> If lasts longer than _____ minutes, trained person to give_____. <input type="checkbox"/> Report to parent. <input type="checkbox"/> Allow rest if needed. <input type="checkbox"/> Other: _____

HealthCare Provider: _____ Phone# _____

(Please Print) _____ Fax# _____

Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Home Phone# _____ Work Phone# _____ Cell Phone# _____

It is the responsibility of the parent to notify the school and provide an updated plan upon any change.