



School Year \_\_\_\_\_

## Student Seizure Health Action Plan

Please complete all questions. This information is essential for the school nurse and school staff in determining your child's special needs and providing a positive and supportive learning environment. If you have any questions about how to complete this form, please contact your child's school nurse.

### Contact Information

<i>Student's Name</i>		<i>Date of Birth</i>	
<i>School</i>	<i>Grade</i>	<i>Teacher/Homeroom</i>	
<i>Parent/Guardian</i>	<i>Phone</i>	<i>Work</i>	<i>Cell</i>
<i>Parent/Guardian Email</i>			
<i>Other Emergency Contact</i>	<i>Phone</i>	<i>Work</i>	<i>Cell</i>
<i>Child's Neurologist</i>	<i>Phone</i>	<i>Location</i>	
<i>Child's Primary Care Doctor</i>	<i>Phone</i>	<i>Location</i>	

*Significant Medical History or Conditions*

### Seizure Information

- When was your child diagnosed with seizures or epilepsy? \_\_\_\_\_
- Seizure type(s) \_\_\_\_\_

Seizure Type	Length	Frequency	Description

- What might trigger a seizure in your child? \_\_\_\_\_
- Are there any warnings and/or behavior changes before the seizure occurs?     YES     NO  
If YES, please explain: \_\_\_\_\_
- When was your child's last seizure? \_\_\_\_\_
- Has there been any recent change in your child's seizure patterns?     YES     NO
- How does your child react after a seizure is over? \_\_\_\_\_
- How do other illnesses affect your child's seizure control? \_\_\_\_\_

### Basic First Aid: Care & Comfort

- What basic first aid procedures should be taken when your child has a seizure in school? \_\_\_\_\_
- Will your child need to leave the classroom after a seizure?     YES     NO  
If YES, what process would you recommend for returning your child to classroom? \_\_\_\_\_

**Basic Seizure First Aid**

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

**For tonic-clonic seizure:**

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

**Seizure Emergencies**

11. Please describe what constitutes an emergency for your child?  
(Answer may require consultation with treating physician or school nurse.) \_\_\_\_\_  
\_\_\_\_\_
12. Has your child ever been hospitalized for continuous seizures?  
 YES  NO  
If YES, please explain: \_\_\_\_\_  
\_\_\_\_\_

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

- Convulsive (tonic-clonic) seizure lasts longer than 5 minutes
- Student has repeated seizures without regaining consciousness
- Student is injured or has diabetes (give glucagon)
- Student has a first-time seizure
- Student has breathing difficulties
- Student has a seizure in water

**Seizure Medication and Treatment Information**

13. What medications does your child take?

Medication	Date Started	Dosage	Frequency and Time of Day Taken	Possible Side Effects

14. What emergency/rescue medications are prescribed to your child?

Medication	Dosage	Administration Instructions	What to Do After Administration

15. What medication(s) will your child need to take during school hours? \_\_\_\_\_
16. Should any of these medications be administered in a special way?  YES  NO  
If YES, please explain: \_\_\_\_\_
17. Does your child have a Vagus Nerve Stimulator?  YES  NO  
If YES, please describe instructions for appropriate magnet use: \_\_\_\_\_  
\_\_\_\_\_

**Special Considerations & Precautions**

18. Check all that apply and describe any consideration or precautions that should be taken:
- |  |  |
|--|--|
| <input type="checkbox"/> General health _____<br><input type="checkbox"/> Physical functioning _____<br><input type="checkbox"/> Learning _____<br><input type="checkbox"/> Behavior _____<br><input type="checkbox"/> Mood/coping _____ | <input type="checkbox"/> Physical education (gym/sports) _____<br><input type="checkbox"/> Recess _____<br><input type="checkbox"/> Field trips _____<br><input type="checkbox"/> Bus transportation _____<br><input type="checkbox"/> Other _____ |
|--|--|

**General Communication Issues**

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

This information will be shared with the classroom teacher(s) and other appropriate school personnel with a need to know.

**SASD Seizure Protocol**

- Stay calm, most seizures only last a few minutes.
- Do not try to stop the movements or restrain the student.
- Clear the area around the student of any hard, sharp or hot objects.
- Place something flat and soft beneath the student's head.
- Do not put anything in the mouth or between the teeth.
- For tonic-clonic (grand mal) seizure, assist student to the ground and gently roll the student onto one side until she/he is fully awake.
- Administer emergency medications as prescribed and call 911.
- If a student is walking around during a seizure, gently lead him/her from dangers, such as doors or stairways.
- Allow student to rest if sleepy. Stay with the student until the seizure is over and the student can respond when you talk with him/her.
- Record what the student did during the seizure, how she/he acted before and after the seizure, whether one side or part of the body was more affected than another during the seizure, and how long the seizure lasted on the Observation Record.
- Notify family member or emergency contact listed above.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_