EPILEPSY FOUNDATION
Not another moment lost to seizures

Seizure Action Plan

Effective Date

This student is being treated for a seizure disorder. The information below should assist you if a seizure occurs during school hours.

Student's Name _____ Date of Birth _____

Parent/Guardian _____ Phone _____ Cell _____

Other Emergency Contact _____ Phone _____ Cell _____

Treating Physician _____ Phone _____

Significant Medical History _____

Seizure Information

Seizure Type	Length	Frequency	Description

Seizure triggers or warning signs: _____

Student's response after a seizure: _____

Basic First Aid: Care & Comfort

Please describe basic first aid procedures:

Does student need to leave the classroom after a seizure? ☐ Yes ☐ No

If YES, describe process for returning student 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 seizure in log

For tonic-clonic seizure:

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

Emergency Response

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

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

- ☐ Contact school nurse at _____
- ☐ Call 911 for transport to _____
- ☐ Notify parent or emergency contact
- ☐ Administer emergency medications as indicated below
- ☐ Notify doctor
- ☐ Other _____

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
- Student has a first-time seizure
- Student has breathing difficulties
- Student has a seizure in water

Treatment Protocol During School Hours (include daily and emergency medications)

Emerg. Med. ✓	Medication	Dosage & Time of Day Given	Common Side Effects & Special Instructions

Does student have a **Vagus Nerve Stimulator?** ☐ Yes ☐ No If YES, describe magnet use:

Special Considerations and Precautions (regarding school activities, sports, trips, etc.)

Describe any special considerations or precautions:

Physician Signature _____ **Date** _____

Parent/Guardian Signature _____ **Date** _____

DPC772

WEST MORRIS REGIONAL HIGH SCHOOL DISTRICT

STUDENT'S NAME_____ DATE_____ GRADE_____

TO THE PHYSICIAN:

The above named student has a history of a seizure disorder. The Health Office is requesting that you complete this form regarding the safety factor in school settings where machines, equipment or activities may involve a potential for injury or triggering a seizure in this student.

AREA	MACHINERY / EQUIPMENT / ACTIVITY	STUDENT MAY SAFELY OPERATE / PARTICIPATE	
		YES	NO
SHOP	1. STANDING POWER EQUIPMENT (e.g. lathe, saw, planer, joiner drill press, belt sander)		
	2. HAND POWER EQUIPMENT (e.g. drill, saw, sander)		
	3. HAND TOOLS (e.g. hammer, screwdriver, wrench, saw)		
ART	1. POTTER'S WHEEL		
	2. MAT KNIFE, LINOLEUM CUTTER		
HOME ECONOMICS	1. LARGE APPLIANCES (e.g. stove, microwave oven)		
	2. HAND POWER APPLIANCES (e.g. mixer, steam iron, blender, food processor, electric knife		
	3. UTENSILS (e.g. knife)		
PHYSICAL EDUCATION	1. EQUIPMENT (e.g. Universal Gym, weightlifting)		
	2. CLIMBING ACTIVITIES (e.g. ropes, wall climbing, balance activities w/spotters) specify any height limitation		
	3. CONTACT SPORTS		
SCIENCE LAB	1. EXPERIMENTS (e.g. Bunsen burner, chemicals, acids)		
COMPUTER	1. COMPUTER PROGRAMS (e.g. Word Processing, Desktop Publishing, Graphics)		

TYPE OF SEIZURE_____ DATE OF LAST SEIZURE_____

MEDICATION: List any medication that is taken to control seizures. _____

_____

_____

_____

DOCTOR'S SIGNATURE
(Please stamp)