Barrow County School System

Seizure - Student Health Action Plan

Student's name_____ Birth Date_____
School_____ School Year_____
Grade_____ Teacher:_____

Parent/Guardian_____ Phone_____ Cell_____
Treating Physician_____ Phone_____ Fax:_____
Significant Medical
History:_____

Seizure Type	*Date of last Seizure*	*Length*	*Frequency*	*Description*

Seizure Triggers or Warning Signs:_____

Student's Reaction to Seizure_____

Basic Seizure First Aid	**A seizure is generally considered an Emergency when:**
- Stay calm and 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 (grand mal) Seizures** - Protect head - Keep airway open / watch breathing - Turn child on side	- A convulsive (tonic-clonic) seizure lasts longer than 5 minutes - Student has repeated seizures without regaining consciousness - Student has a first time seizure - Student is injured or has diabetes - Student has breathing difficulties - Student has a seizure in water

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

□ No need to call 911 unless has seizure lasting longer than 5 minutes, or has repetitive / multiple seizures.
□ Call 911 for transport to _____ (hospital)
□ Notify parent or emergency contact
□ Administer emergency medications as listed below.
□ Other_____

TREATMENT PROTOCOL DURING SCHOOL HOURS*:* (include daily and emergency medications)

Daily Medication	*Dosage & Time of Day Given*	*Common Side Effects & Special Instructions*

Emergency / Rescue Medication:_____

_____

Does student have a Vagus Nerve Stimulator (VNS)? YES NO
If YES, Describe magnet use:_____

_____
Parent / Guardian Signature Date

_____
Physician Signature Date