

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 _____

<p style="text-align: center;"><u>Basic Seizure First Aid</u></p> <ul style="list-style-type: none"> - 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 <p style="text-align: center;"><u>For Tonic-Clonic (grand mal) Seizures</u></p> <ul style="list-style-type: none"> - Protect head - Keep airway open / watch breathing - Turn child on side 	<p style="text-align: center;"><u>A seizure is generally considered an Emergency when:</u></p> <ul style="list-style-type: none"> - 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
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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 _____