



Seizure Action Plan

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School Year _____

THIS STUDENT IS BEING TREATED FOR A SEIZURE DISORDER. THE INFORMATION BELOW SHOULD ASSIST YOU IF A SEIZURE OCCURS DURING SCHOOL HOURS.

Student Name: _____ Date of Birth: _____
Parent/Guardian _____ Phone: _____ Cell: _____
Treating Physician _____ Phone: _____ Fax: _____
Significant medical history: _____

SEIZURE INFORMATION

Seizure Type	Length	Frequency	Description

Seizure triggers or warning signs: _____

Student's reaction to seizure: _____

BASIC FIRST AID: CARE & COMFORT

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 (grand mal) seizure:

- ✓ Protect head
- ✓ Keep airway open/watch breathing
- ✓ Turn child on side
- ✓ Additional care: _____

EMERGENCY RESPONSE

A seizure is generally considered an emergency when:

- ✓ A convulsive (tonic-clonic) seizure lasts longer than _____ 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 the apply and clarify below)

- Call 911 for transport to _____
- Notify parent or emergency contact
- Notify doctor
- Other _____

TREATMENT PROTOCOL: (include daily and emergency medications)

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

PARENT AND PHYSICIAN SIGNATURES BELOW AUTHORIZE THE ABOVE MEDICATIONS TO BE GIVEN: during school hours
 on extended field trips
 in case of public disaster

Does student have a Vagus Nerve Stimulator (VNS)? Yes No
If Yes, describe magnet use _____

SPECIAL CONSIDERATION & SAFETY PRECAUTIONS: (regarding school activities, sports, trips, etc.)

Physician signature: _____ Date: _____

Parent Signature: _____ Date: _____