Seizure Action Plan
Newman International Academy

Student Name: _______________________________________
Grade: ______________ Age: ______

Homeroom Teacher: __________________________________
Room: ___________________________

Parent/Guardian Name: ______________________________
Phone: ___________________________
Relationship: _________________________
Email: ___________________________

Parent/Guardian Name: ______________________________
Phone: ___________________________
Relationship: _________________________
Email: ___________________________

Emergency Phone Contact #1
Name
Relationship
Phone

Emergency Phone Contact #2
Name
Relationship
Phone

Physician Treating Student for Seizure: ____________________________
Name
Phone

BASIC FIRST AID: CARE AND COMFORT:
(Please describe basic first aid procedures)

________________________________________________________________
________________________________________________________________
________________________________________________________________

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

EMERGENCY RESPONSE:
A “seizure emergency” for this student is defined as:
________________________________________________________________
________________________________________________________________

□ Contact School Nurse □ Notify parent/guardian
□ Administer emergency □ Call 911 for _____________
Medications.

Basic Seizure First Aid:
• Stay calm & track time
• Keep child safe
• Do not restrain
• Do not put anything in mouth
• Record seizure in log

For tonic-clonic (grand mal) seizure:
• Protect head
• Keep airway open/watch breathing
• Turn child on side

A Seizure is generally considered an Emergency when:
• 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 Descriptions:
• Absence Seizure—Brief lapses of consciousness (1-4 seconds, like daydreaming) that begin and end abruptly.
• Partial Seizure—Consciousness unimpaired; uncontrollable changes in mood, sensation, and/or movement (such as twitching of a body part).
• Complex Partial Seizure—Impaired consciousness accompanied by confusion and uncontrollable automatic movements (such as wandering about touching things, etc.). May strike out if abruptly restrained. Lack of responsiveness may be misinterpreted as a behavior problem.
• General Tonic-Clonic Seizures—Loss of consciousness accompanied by falling, stiffening and jerking movements (average time 1-2 minutes). Breathing is shallow or absent, skin possibly pale or bluish.
Seizure Action Plan (Continued)

Newman International Academy

**Seizure History**

- **Seizure type** *(Check all that apply.)*  
  -□ Absent Seizure  
  -□ Partial Seizure  
  -□ Complex Partial Seizure  
  -□ General Tonic-Clonic Seizures (Grand Mal)

- **What will trigger a seizure?**

- **List any warning signs before the seizure**

- **Describe the seizures**

- **Describe student’s behavior following a seizure**

- **Average length of time** __________.  
  **How often seizures occur** __________.

**Daily Medication Plan**

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**Required Signature**

I give permission for school personnel to follow this plan, administer medication and care for my child and contact my provider if necessary. I assume full responsibility for providing the school with prescribed medication and delivery/monitoring devices. I approve this Seizure Action Plan for my child for the ______-______ school year.

________________________________________  ____________________________
Parent/Guardian                          Date

________________________________________  ____________________________
School Nurse                             Date