

 **SEIZURE EMERGENCY PLAN**

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| Name:       School:      Grade:       DOB:       Medical Alert Number:      Bus Number: a.m.      p.m.      Seizure triggers or warning signs:*
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*

Description of past seizures:      **Basic First Aid: Emergency Response: Call 911**

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| **Seizure First Aid:*** Remain calm. Time seizure with clock or watch.
* Keep the student safe. Position on their side or abdomen with their head turned to either side to keep their air way open.
* Do not force objects between their teeth.
* Do not attempt to stop shaking. Restrain gently to prevent head or limbs striking against hard objects.
* Allow seizure to run its course. Do not be worried if the child stops breathing momentarily.
* If you have been instructed to administer medication during a seizure, please do so according to specific instructions.
* Stay with student until fully conscious and check for possible injuries.
* Student may bite their tongue. Bleeding from the mouth is not uncommon.
 |  | * A convulsive (tonic-clonic) seizure that lasts longer than five minutes.
* Repeated seizures without regaining consciousness.
* A seizure for anyone without epilepsy.
* Student who has the seizure is injured or has diabetes.
* Student has a seizure in water.
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Emergency seizure medication to be given? [ ] Yes [ ]  NoInstructions for medication\*:      Special Considerations (regarding school activities, sports, trips, etc.):

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| **Name** | **Relationship** | **Home Phone** | **Work Phone** | **Cell Phone** |
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|  Date: Date: Date:  |

**\*Authorization of Administration of Medication From must be completed as per Policy 286.** |