

**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:          Description of past seizures:  **Basic First Aid: Emergency Response: Call 911**   |  |  |  | | --- | --- | --- | | **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. |   Emergency seizure medication to be given? Yes  No  Instructions for medication\*:  Special Considerations (regarding school activities, sports, trips, etc.):   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Name** | **Relationship** | **Home Phone** | **Work Phone** | **Cell Phone** | |  |  |  |  |  | |  |  |  |  |  |  |  | | --- | | Date: Date: Date: |   **\*Authorization of Administration of Medication From must be completed as per Policy 286.** |