



Seizure Action Plan

Effective Date _____

This student is being treated for a seizure disorder. The information below should assist you if a seizure occurs during school hours.

Student's Name	Date of Birth	
Parent/Guardian	Phone	Cell
Other Emergency Contact	Phone	Cell
Treating Physician	Phone	
Significant Medical History		

Seizure Information

Seizure Type	Length	Frequency	Description

Seizure triggers or warning signs: _____

Student's response after a seizure: _____

Basic First Aid: Care & Comfort

Please describe basic first aid procedures:

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

If YES, describe process for returning student to classroom: _____

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 seizure:**
- Protect head
- Keep airway open/watch breathing
- Turn child on side

Emergency Response

A "seizure emergency" for this student is defined as:

Seizure Emergency Protocol
(Check all that apply and clarify below)

- Contact school nurse at _____
- Call 911 for transport to _____
- Notify parent or emergency contact
- Administer emergency medications as indicated below
- Notify doctor
- Other _____

A seizure is generally considered an emergency when:

- Convulsive (tonic-clonic) seizure lasts longer than 5 minutes
- Student has repeated seizures without regaining consciousness
- Student is injured or has diabetes
- Student has a first-time seizure
- Student has breathing difficulties
- Student has a seizure in water

Treatment Protocol During School Hours (include daily and emergency medications)

Emerg. Med. ✓	Medication	Dosage & Time of Day Given	Common Side Effects & Special Instructions

Does student have a Vagus Nerve Stimulator? Yes No If YES, describe magnet use: _____

Special Considerations and Precautions (regarding school activities, sports, trips, etc.)

Describe any special considerations or precautions:

Physician Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Parent Information About Medication Procedures

1. **Medications should be taken at home** whenever possible so that the student does not lose valuable classroom time.
2. If it is absolutely necessary for the student to take medication at school, this "**Authorization for Medication Administration**" form must be received for each medication and must be submitted to the Health Office staff prior to the medication being given at school. Use the appropriate **Action Plan** for asthma, allergy, seizure and diabetes medications. Medication will not be accepted without receipt of the appropriate form.
3. **The Health Office staff must have written instructions from the healthcare provider in order to administer prescription medications.** The "Authorization for Medication Administration" form is preferred, but the healthcare provider may use office stationary or a prescription pad with the following information:
 - Student's name and date of birth
 - Name and purpose of medication
 - Dosage, time & route of administration
 - Duration of medication order/effective dates
 - Possible side effects/actions to take if these occur
 - Healthcare provider signature/date
4. **Medications must be brought to the Health Office by a parent/guardian** (LCPS 8-36 policy). Students with diabetes, asthma, or life-threatening allergies may carry life-saving medications (insulin, Glucagon, inhaler, Epinephrine Auto-Injectors) throughout the school day with the approval of the physician, school nurse and parent/guardian as indicated on the "Physician Order/Health Care Plan." Otherwise, students are not permitted to transport medications to and from school or carry any medication while in school.
5. **Medication Containers:**
 - ❖ Prescription medications- must be in the original pharmacy bottle with proper label containing:
 - Student's name
 - Name of Medication
 - Time to be given
 - Dose/amount to be given
 - Healthcare Provider name
 - ❖ Non-prescription medications (OTC- over-the-counter)- must be in the original package with the name of the medicine and instructions.
6. Prescription information on bottle label must match the healthcare provider information on the "Authorization for Medication Administration" form. Ask the pharmacy to provide a properly labeled bottle for school.
7. Staff will not cut/break pills. Parents/Guardians should cut/break pills or request the pharmacy to cut pills into the correct dose.
8. **The first dose of any NEW medication must be given at home.**
9. Medications will be given no more than 30 minutes before or after the prescribed time.
10. Non-prescription medication will only be administered according to directions on the label. If a higher dosage is required, the "Authorization for Medication Administration" form must be signed by the healthcare provider.
11. Medication kept at school will be stored in a locked area of the Health Office accessible only to authorized school personnel.
12. The student is to come to the Health Office or to a predetermined location, at the prescribed time to receive medication. Parents should develop a plan with the student to ensure that the student goes to the Health office at the appropriate time.
13. A new "Authorization for Medication Administration" form is required at the start of the school year and each time there is a change in the dosage or time at which a medication is to be taken.
14. Parents/Guardians should not bring in more than a 60-day supply of prescription medicine at a time.
15. Any **herbal or natural alternative medications** (botanicals, oils, dietary or nutritional supplements, homeopathic medicine, phytomedicinals, vitamins, and minerals) require an "Authorization for Medication Administration" form signed by the healthcare provider and parent/guardian.
16. Unused medications MUST be picked up by a parent/guardian on or before the last day of school or it will be destroyed.