LINCOLN COUNTY SCHOOL DISTRICT #2
SCHOOL EPILEPSY/SEIZURE ACTION PLAN
SCHOOL YEAR: _____

Student Name: _____ DOB: _____ Grade: _____

Will this student ride the bus to or from school? ☐ Yes ☐ No Bus/Route # (if known): _____

Parents Name(s): _____ Home Phone: _____
Mother Cell: _____ Father Cell: _____
Mother Work: _____ Father Work: _____
Emergency Contact: _____ Phone: _____
Emergency Contact: _____ Phone: _____
Physician Name: _____ Phone: _____

SEIZURE INFORMATION

Seizure Type	Length	Frequency	Description

Date/Age of student's first seizure: _____

Seizure triggers or warning signs: _____

Student's reaction to seizure: _____

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

_____
_____
_____
_____

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

Does student need to leave the classroom after a seizure?

☐ Yes ☐ No

If yes, describe process for returning student to classroom:

_____
_____
_____

CURRENT MEDICATION/TREATMENT PROTOCOL

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

EMERGENCY RESPONSE

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

_____

_____

Seizure Emergency Protocol: (check all that apply and clarify below)

☐ Follow basic seizure first aide as listed above

☐ Contact school nurse at _____

☐ Call 911 for transport to _____

☐ Notify parent or emergency contact

☐ Notify doctor

☐ Administer emergency medications as indicated below

☐ Other _____

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

EMERGENCY MEDICATION PROTOCOL

Emergency Medication	Dosage & Time to Administer	Common Side Effects & Special Instructions

Does student have a **Vagus Nerve Stimulator (VNS)**? ☐ Yes ☐ No

If yes, describe magnet indications and use: _____

_____

_____

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

_____

_____

I have read and approve the above seizure action plan for this student:

Licensed Prescriber/Physician Signature: _____ Date: _____
(*Prescriber signature required annually for all prescription medications that will be administered by school staff)*

Parents Signature: _____ Date: _____

Student Signature: _____ Date: _____

Date Prepared: _____ Date Received in Health Services: _____

School Nurse Signature: _____ Date: _____