

Macon County Schools

Health Services

SEIZURE EMERGENCY ACTION PLAN

Name: _____ School: _____
DOB: _____ Grade/Teacher: _____ Year: _____
Parent/Guardian: _____ Phone: _____
Health Care Provider: _____ Phone: _____

EMERGENCY ACTION PLAN

(Fill in the blanks and cross out and initial any steps not needed for this student.)

Emergency action is necessary when the student has the following symptoms:

Steps to take during a seizure:

1. Stay with the student during and after the seizure. Note duration of seizure and type of body movement during episode.
2. Assist to lying position if loss of consciousness occurs. Remove glasses if wearing, loosen clothing around neck.
3. Turn on side as soon as possible.
4. Clear area around child to prevent injury; remove other students from area if possible.
5. **DO NOT RESTRAIN MOVEMENT OR PLACE ANYTHING IN MOUTH.**
6. Monitor breathing and begin artificial respiration if breathing does not resume spontaneously.
7. Call 911 if seizure lasts longer than 5 minutes, the student has one seizure after another without waking or there are signs of significant injury or physical/respiratory distress. If 911 is called, transport to _____ Hospital.
8. When seizure is over, allow child to rest and always notify parent/guardian.
9. Notify school nurse if in building.
10. Other instruction for this student:

Daily Seizure Management Plan:

1. What type of seizure does your child have and how often do they occur?

2. Describe your child's symptoms during and after a seizure episode?

3. Does your child have an aura or warning of a seizure coming on? Is she/he able to notify anyone that a seizure is coming? Yes_____ No_____

4. Name of medications taken routinely. How often and how much?

At home: _____

At school: _____

5. Does your child experience any side effects to these medications? Please list:

6. Is there any sport or activity in which your children CAN NOT participate?

7. If your child had a seizure on the bus what would we need to do?

Parent/Guardian Signature

Date

School Nurse/Principal/Teacher signature

Date

* This information will be shared with appropriate school staff unless you state otherwise.