

ALPINE INDEPENDENT SCHOOL DISTRICT

SEIZURE ACTION PLAN

Child'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: _____ Child response after a seizure: _____

<p>Basic First Aid: Care and Comfort</p> <p>Please describe basic first aid procedures:</p> <hr/> <p>Does the child need to leave the other children to recover? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, describe process for returning child to interact with others:</p>	<p>Basic Seizure First Aid</p> <ul style="list-style-type: none"> Stay calm & track time Keep child safe Do not restrain Do not put anything in mouth Stay with child until fully conscious For tonic-clonic seizure: Protect head Keep airway open/watch breathing Turn child on side
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<p>Emergency Response</p> <p>A "seizure emergency" for this child is defined as:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Seizure Emergency Protocol (Check all that apply and clarify below)</p> <p><input type="checkbox"/> Call 911 for transport to _____</p> <p><input type="checkbox"/> Notify parent or emergency contact</p> <p><input type="checkbox"/> Administer emergency medications as indicated below</p> <p><input type="checkbox"/> Notify doctor</p> <p><input type="checkbox"/> Other _____</p> </div>	<p>A seizure is generally considered an emergency when:</p> <ul style="list-style-type: none"> Convulsive (tonic-clonic)seizure lasts longer than 5 minutes Child has repeated seizures without regaining consciousness Child is injured or has diabetes Child has a first-time seizure Child has breathing difficulties Child has a seizure in water
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Treatment Protocol During Childcare Hours (include daily and emergency medications)			
Emerg. Med.	Medication	Dosage & Time of Day Given	Common Side Effects & Special Instructions

Special Considerations and Precautions (regarding activities, sports, trips, etc.) Describe any special considerations or precautions:

Physician Signature _____ Date _____

Parent/Guardian Signature _____ Date _____