Clayton County Public Schools 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:_____

Treating Physician:_____ Phone: _____

Significant medical history:_____

I understand that it is my responsibility as the parent/guardian of _____ to notify the school nurse/designee of any changes in my child's health condition and/or medication/treatment regimen. I authorize my child's physician and his/her staff to release medical information regarding my child's health condition. I understand that this medical information will only be shared with pertinent school staff.

SEIZURE INFORMATION:

Seizure Type	*Length*	*Frequency*	*Description*

Seizure triggers or warning signs:_____

Student's reaction to seizure:_____

I acknowledge that _____ ☐ Fully ☐ Moderately ☐ No Understanding of his/her epilepsy/seizure disorder.

Can _____manage his/her epilepsy/seizure disorder? ☐ Yes ☐ No

_____ _____

Physician's Signature Date

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

_____

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
- ☐ Notify doctor
- ☐ Administer emergency medications as indicated below
- ☐ Other Support Services _____

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 seizure:

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

TREATMENT PROTOCOL DURING SCHOOL HOURS: (include daily and emergency medications)

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

Emergency/Rescue Medication

Does student have a **Vagus Nerve Stimulator (VNS)**? YES NO

If YES, Describe magnet use_____

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

Physician Signature:_____ **Date:**_____

Parent Signature:_____ **Date:**_____

Reviewed by Supervising Healthcare Professional: _____ **Date:** _____