BLOOMINGTON Public Schools
We help students thrive and dreams come alive

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:

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
- ☐ Notify Doctor
- ☐ Other_____

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

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 medication)

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_____