

Individual Health Plan SEIZURE ACTION PLAN

School Year: _____

Date: _____

Student Name: _____ ID# _____ Grade: _____

Seizure Triggers or Warning Signs:

Student's Response after a Seizure:

Basic Seizure First Aid and Procedures:

- Notify School Nurse
- Stay calm and track time
- Keep child safe
- Protect head
- Keep airway open/watch breathing
- Turn child on side
- Do not restrain
- Do not put anything in mouth
- Stay with child until fully conscious
- Other _____

Daily Meds given at: _____

Restriction/Precautions: _____

Special Instructions: _____

*****If seizure lasts more than 5 minutes and student stops breathing....initiate CPR and call 911*****

Student Name: _____ ID # _____ Grade: _____

Emergency Contact Information

Parent/Guardian:

#1 _____	Phone 1 _____	Phone 2 _____
#2 _____	Phone 1 _____	Phone 2 _____

Other Contact:

#1 _____	Phone 1 _____	Phone 2 _____
#2 _____	Phone 1 _____	Phone 2 _____
#3 _____	Phone 1 _____	Phone 2 _____

Preferred Hospital: _____

Other Medical Conditions: _____

Special considerations and precautions (regarding school activities, sports, field trips, etc.). Please describe any special considerations or precaution:

Parent / Guardian Signature: _____ Date: _____

School Nurse: _____ Date: _____

Physician Signature: _____ Date: _____