

Attn: School Nurse  
P.O. Box 3129  
Montrose, MI 48457



# Montrose Community Schools

Preparing our community for life long learning

810-591-8880  
810-591-8870  
Fax: 810-591-7283

## SEIZURE ACTION PLAN

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
Alternate Emergency Contact:	Phone	Cell
Treating Physician:	Phone	Fax
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 have a **Vagus Nerve Stimulator**? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, describe magnet use: \_\_\_\_\_

### Basic Seizure First Aid:

- P Stay calm & track time
- P Keep child safe
- P Do not restrain
- P Do not put anything in mouth
- P Stay with child until fully conscious
- P Protect head
- P Keep airway open/watch breathing
- P Turn child on side

### Emergency Response:

A "seizure emergency" for this student is defined as

- Seizure  Emergency Protocol:
- Call for help, stay with student
  - Remove other students from classroom
  - Notify parent or emergency contact
  - Administer emergency medications as indicated below
  - Other

A seizure is generally considered an **emergency** when:

- P A convulsive (tonic-clonic) seizure lasts longer than 5 minutes
- P Student has repeated seizures without regaining consciousness
- P Student has a first time seizure
- P Student is injured or has diabetes
- P Student has breathing difficulties
- P Student has a seizure in water

### Treatment Protocol During School Hours: (include daily and emergency medications)

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

### Special Considerations and Precautions (regarding school activities, sports, trips, ect.):

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_