

CLOVIS MUNICIPAL SCHOOLS SEIZURE ACTION PLAN

This Action Plan is to be completed and signed by the child's parent/guardian and physician. The information on this plan is confidential. All staff that cares for your child will have access to this information in order to provide optimal safety in the school setting. Please contact the school at any time if you need to update this Action Plan.

Student Name _____ DOB _____ Grade _____

Parent/Guardian Name _____ Ph: (h) _____

Address _____ Ph: (w) _____ Ph: (c) _____

Parent/Guardian Name _____ Ph: (h) _____

Address _____ Ph: (w) _____ Ph: (c) _____

Emergency Phone Contact #1 _____

Name Relationship Phone #

Emergency Phone Contact #1 _____

Name Relationship Phone #

Physician Treating Student for Seizures _____

Name Phone #

Other Physician _____

Name Phone #

Seizure Information

Seizure Type	Length	Frequency	Description

- Seizure Triggers/Warning Signs _____

- Student's reaction to seizure _____

- When was the student's last seizure? _____
- Does student need any special activity adaptations/protective equipment (e.g., helmet) at school?
 No Yes – (explain) _____
- Is student allowed to participate in physical education or other activities at school?
 No Yes – (explain) _____
- Does student have a **Vagus Nerve Stimulator**?
 No Yes – Describe magnet use _____

Medications

Daily Medication	Dosage, Route & Time of Day Given	Side Effects/Special Instructions

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Basic First Aid – Care & Comfort

Basic Seizure First Aid:

- ✓ Stay calm & track time
- ✓ Keep the student safe
- ✓ Do Not restrain
- ✓ Do Not put anything in student’s mouth
- ✓ Stay with student until fully conscious
- ✓ Record seizure in log

For Tonic-Clonic (grand mal) seizure:

- ✓ Protect head
- ✓ Keep airway open/observe breathing
- ✓ Turn student on side

Please describe Basic First Aid procedures for this student: _____

Emergency Response

A seizure is generally considered an emergency when:

- | | |
|---|--------------------------------------|
| ✓ A tonic-clonic seizure lasts longer than 10 minutes | ✓ Student has a first time seizure |
| ✓ Student has repeated seizures without regaining consciousness | ✓ Student is injured or has Diabetes |
| ✓ Student has difficulty breathing or absence of breathing and/or pulse | ✓ Student has a seizure in water |

A “seizure emergency” for this student is defined as: _____

Seizure Emergency Protocol – (check all that apply and clarify below)

- Call 911**
- Contact school nurse at _____
- Notify parent or emergency contact
- Administer emergency medications as indicated below
- Other _____

Emergency Medications

Emergency Medication	Dosage & Route	Side Effects/Special Instructions

Other Instructions: _____

I give permission for school personnel to release a copy of this Emergency Response Plan to emergency personnel in the event it is necessary to activate Emergency Medical Services and/or transport my child to the hospital.

Parent Signature _____ **Date** _____

Physician Signature _____ **Date** _____