



**Seizure Action Plan**

Date: \_\_\_\_\_

Student's Name \_\_\_\_\_ DO.B. \_\_\_\_\_ Grade \_\_\_\_\_

**Allergies:**

List any allergies the student has to medication, food, or environment \_\_\_\_\_

**Medications:** 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

**Seizure Identification**

Does student wear a seizure identification bracelet or necklace? \_\_\_\_\_ No \_\_\_\_\_ Yes

Does the student have any activity restrictions? \_\_\_\_\_ No \_\_\_\_\_ Yes: List: \_\_\_\_\_

**Daily Seizure Management Plan**

How often do seizures occur? \_\_\_\_\_

Identify things which initiate a seizure \_\_\_\_\_

Is there an aura present prior to seizure such as visual, auditory, or olfactory? \_\_\_\_\_ No \_\_\_\_\_ Yes. Describe: \_\_\_\_\_

**Type of Seizure**

Complex Partial Seizure \_\_\_\_\_ No \_\_\_\_\_ Yes; Length of seizure (usually less than 30 seconds). \_\_\_\_\_

Blank Stare \_\_\_\_\_ Chewing \_\_\_\_\_ Random Activity \_\_\_\_\_ Unaware of Surroundings \_\_\_\_\_ Mumbling \_\_\_\_\_

Unresponsive \_\_\_\_\_ Actions Clumsy, may run or appear afraid \_\_\_\_\_ Post-seizure confusion \_\_\_\_\_

Petit Mal Seizure \_\_\_\_\_ No \_\_\_\_\_ Yes; Length of seizure \_\_\_\_\_

Blank Stare \_\_\_\_\_ Blinking \_\_\_\_\_ Chewing Movements of mouth \_\_\_\_\_ Student unaware of seizure \_\_\_\_\_

Grand Mal Seizure \_\_\_\_\_ No \_\_\_\_\_ Yes; Length of Seizure \_\_\_\_\_

Suddenly cry \_\_\_\_\_ Fall \_\_\_\_\_ Rigidity followed by muscle jerks \_\_\_\_\_ Shallow Breathing \_\_\_\_\_ Bluish Skin \_\_\_\_\_

Loss of bowel or bladder \_\_\_\_\_ Post Seizure confusion or fatigue \_\_\_\_\_ Loss of consciousness \_\_\_\_\_

\*If multiple seizures occur or one seizure that is more than 5 minutes, EMS will be called.

Comments or special instructions or reasons to contact parent/guardian: \_\_\_\_\_

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