

Whitehall-Coplay School District

Seizure Action Plan

Place
Child's
Photo
Here

Student: _____ Date: _____

Teacher/Classroom: _____ Bus: _____

Allergies: _____

Seizure type: _____

Description of signs and symptoms during seizure: _____

Daily Medications: _____

(medications/dosages)

Treatment

DO NOT PUT ANYTHING IN THE MOUTH

* Cushion head, remove glasses *Loosen tight clothing

* Turn on side and keep airway clear*Note time seizure starts and length of time it lasts

* Don't hold down

Medications: _____

(medication/dose/route)

Call -911 if:

Seizure does not stop within _____ minutes

Child does not start to wake up within _____ minutes after seizure is over

Following seizure: (please check)

___ Child should rest in nurse's office

___ Child may return to class

___ Parent/guardian should be notified

Emergency Calls

1. Parent/guardian: _____

2. Additional emergency Contacts: _____

3. Physician: _____

Parent/Guardian Signature: _____ Date: _____

Physician Signature: _____ Date: _____

School Nurse: _____ Date: _____

School personnel informed: copies are distributed on a need to know basis:

- English teacher
- Math teacher
- Science teacher
- Social Studies teacher
- PE
- Art
- Library
- Music
- Cafeteria
- Guidance
- Office Personnel
- _____
- _____
- _____

Care Plans are updated yearly and/or throughout the school year as needed.