Mayfield City Schools
EVERY STUDENT. EVERY DAY.

Seizure Action Plan

The information below should assist you if a seizure occurs during school hours

School:	Grade:	Year:
Student's Last Name: First Name:		☐ M ☐ F Date of Birth:

____/____/_____ _____ (_____) _____ (_____) _____
Date | Parent/Guardian Signature | Home/Cell Phone | Emergency Phone

Seizure Information

Seizure Type:	Length:	Frequency:	Description:

Seizure Triggers or Warning Signs:	Student's Response After Seizure:

Basic First Aid

Please described basic first aid procedures:

Does the student need to leave the classroom after a seizure? ☐ Yes ☐ No
If YES, described process for returning student to classroom:

Basic Seizure First Aid:

- Stay calm & track time
- Keep student safe
- Do not restrain
- Do not put anything in mouth
- Stay with student until fully conscious
- Record seizure in log

Seizure Emergency Defined As:

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

Emergency Response

Describe a "seizure emergency" for this student:

Seizure Emergency Protocol:
(check all that apply)
☐ Contact school nurse at _____
☐ Call 911 for transport to _____
☐ Notify parent or emergency contact
☐ Administer emergency medications as indicated below
☐ Notify doctor
☐ Other _____

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

ER Med ✓	Medication	Dose and Time	Common Side Effects and/or Special Instructions

Does student have a Vagus Nerve Stimulator? ☐ Yes ☐ No If YES, describe magnet use:

Described any special considerations or precautions: (regarding school activities, sports, trips, etc.)

(Licensed Prescriber's Stamp)	Licensed Prescriber's Printed Name: _____ Licensed Prescriber's Signature: _____ Date: _____/_____/_____ Telephone Number: (_____) _____

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***Please note a new form is required every school year**

A Medication Administration Form Must Be Completed for Each Medication That is Listed on This Plan

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