

LAMAR CONSOLIDATED INDPENDENT SCHOOL DISTRICT  
HEALTH SERVICES

**SEIZURE ACTION PLAN**

STUDENT NAME: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

MEDICAL DIAGNOSIS/HISTORY: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SEIZURE INFORMATION:

Seizure type(s):  
\_\_\_\_\_  
\_\_\_\_\_

Length of Seizure: \_\_\_\_\_

Frequency of Seizure: \_\_\_\_\_

Seizure triggers or warning signs: \_\_\_\_\_

Student's reaction to seizure: \_\_\_\_\_

Does student have a **Vagus Nerve Stimulator (VNS)**? YES NO

If YES, describe criteria and procedure for magnet use: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**BASIC FIRST AID: CARE & COMFORT-Before Arrival of School Nurse or Trained Personnel**

- Alert School Nurse at \_\_\_\_\_
- Note time seizure begins
- Keep student safe from harm-protect head
- Do NOT restrain
- Do NOT place anything in mouth
- Do NOT leave student unattended
- Document student's behaviors that occurred before, during and after seizure
- Keep student on left side
- Other: \_\_\_\_\_

**TREATMENT/ RESPONSE-School Nurse or Trained Personnel:**

- **Alert 911/EMS for the following: (Check ALL that apply):**

\_\_\_\_\_ Tonic-Clonic Seizure > 5 minutes    \_\_\_\_\_ Repeated seizures without regaining consciousness  
\_\_\_\_\_ Student has Diabetes    \_\_\_\_\_ Student has seizure in water    \_\_\_\_\_ Student is injured

- **Administer the following medications as directed:**

**Medication:** \_\_\_\_\_ **Dose:** \_\_\_\_\_

**Route:** \_\_\_\_\_ **Frequency:** \_\_\_\_\_

**Medication:** \_\_\_\_\_ **Dose:** \_\_\_\_\_

**Route:** \_\_\_\_\_ **Frequency:** \_\_\_\_\_

**Medication:** \_\_\_\_\_ **Dose:** \_\_\_\_\_

**Route:** \_\_\_\_\_ **Frequency:** \_\_\_\_\_

**SPECIAL CONSIDERATIONS & SAFETY PRECAUTIONS:** *(regarding school activities, sports, trips, etc.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SPECIAL NOTATIONS/CONSIDERATIONS FROM PHYSICIAN:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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

**Physician Name, Address and Office Phone:** \_\_\_\_\_

\_\_\_\_\_

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