epilepsy ALLIANCE FLORIDA
THE POWER OF LOCAL

SEIZURE ACTION PLAN

ATTACH PHOTO HERE

ABOUT

Name _____ Date of Birth _____

Doctor's Name _____ Phone _____

Emergency Contact Name _____ Phone _____

Emergency Contact Name _____ Phone _____

Seizure Type/Name: _____

What Happens: _____

How Long It Lasts: _____

How Often: _____

Seizure Triggers: _____

Is this person able to understand and manage their epilepsy? ☐ Yes ☐ No

TREATMENT PROTOCOL DURING SCHOOL HOURS (include daily and emergency medications)

WHAT MEDICATION(S) DOES YOUR CHILD TAKE?

MEDICATION	DOSAGE	TIME OF DAY GIVEN	COMMON SIDE EFFECTS & SPECIAL INSTRUCTIONS

Rescue Medication — Is the child trained to use and carry their rescue medication? ☐ Yes ☐ No

Additional treatment/care: (i.e. diet, sleep, devices, etc.)

Should the student leave the classroom after a seizure? ☐ Yes ☐ No
If yes, please describe the process for returning student to the classroom:

Special Considerations & Precautions (regarding school activities, sports, field trips, etc.)

SEIZURE EMERGENCY PROTOCOL
(check all that apply)

- ☐ Contact school nurse at: _____
- ☐ Call 911 for transport to: _____
- ☐ Notify parent or emergency contact
- ☐ Administer emergency medications
- ☐ Notify doctor
- ☐ Other: _____

SEIZURE FIRST AID

- ☐ Keep calm, provide reassurance, remove bystanders
- ☐ Keep airway clear, turn on side if possible, nothing in mouth
- ☐ Keep safe, remove objects, do not restrain
- ☐ Time, observe, record what happens
- ☐ Stay with person until recovered from seizure
- ☐ Other care needed: _____

CALL 911 IF...

- ☐ Seizure lasts longer than _____ minutes
- ☐ Two or more seizures without recovering in between
- ☐ "As needed" treatments don't work
- ☐ Injury occurs
- ☐ Seizure occurs in water
- ☐ Person is having difficulty breathing

Parent's Signature _____ Doctor's Signature _____