

Kaufman Independent School District Seizure Action Plan

Student: _____ Grade: _____ DOB: _____

Parent/Guardian: _____ Phone: _____

Other Emergency Contact: _____

Phone: _____ Relationship: _____

Treating Physician: _____ Phone: _____

Significant Medical History: _____

Seizure Information

Seizure Type	Length	Frequency	Description

Seizure triggers or warning signs:

Student's response after a seizure

Basic Seizure First Aid		A Seizure Is Considered An Emergency
<ul style="list-style-type: none"> * Stay Calm * Track Time * Do Not Restrain * Do Not Put Anything In Mouth * Stay With Child Until Fully Conscious * Record Seizure In Log 		<p>When:</p> <ul style="list-style-type: none"> * Convulsive Seizure Last 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 * Continuous Pale/Blue Color Of Lips/Skin Or Noisy Breathes After Seizure Is Done
For Tonic-Clonic Seizure		
<ul style="list-style-type: none"> * Protect Head * Keep Airway Open/Watch Breathing * Turn Child On Side 		

Emergency Response

A "seizure emergency" for this student is defined as:

Seizure Emergency Protocol (Check all that apply)

___ Contact school nurse at _____

___ Call 911 for transport to _____

___ Notify parent or emergency contact

___ Administer emergency medication

___ Notify doctor

___ Other _____

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

Emergency Med. ☞	Medication	Dosage & Time of Day Given	Side Effects/ Special Instructions

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

Special Considerations and Precautions (regarding school activities, sports, trips)

Describe any special considerations or precautions:

Physician Signature _____ Date _____

Parent/Guardian Signature _____ Date _____