

**This student is being treated for a seizure disorder. The information below should assist you if a seizure occurs during school hours.**

Student's Name	Date of Birth
Parent/Guardian	Phone <span style="float:right">Cell</span>
Other Emergency Contact	Phone <span style="float:right">Cell</span>
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 First Aid: Care & Comfort**

Please describe basic first aid procedures:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Does student need to leave the classroom after a seizure?  Yes  No  
If YES, describe process for returning student to classroom:  
\_\_\_\_\_

**Basic Seizure First Aid**

- Stay calm & track time
  - Keep child safe
  - Do not restrain
  - Do not put anything in mouth
  - Stay with child until fully conscious
  - Record seizure in log
- For tonic-clonic seizure:**
- 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 and clarify below)
- Contact school nurse at \_\_\_\_\_
  - Call 911 for transport to \_\_\_\_\_
  - Notify parent or emergency contact
  - Administer emergency medications as indicated below
  - Notify doctor
  - Other \_\_\_\_\_

**A seizure is generally considered an emergency when:**

- 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

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

Emerg. Med. ✓	Medication	Dosage & Time of Day Given	Common 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, etc.)**

Describe any special considerations or precautions:  
\_\_\_\_\_  
\_\_\_\_\_

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_