

Howards Grove School District Student Seizure Health Action Plan

School Year _____

Student's Name: _____ Birthdate: _____

Parent/Guardian: _____ Home #: _____ Work #: _____

Emergency Contact: _____ Phone # _____

Name of Doctor: _____ Phone # _____

Type of seizure child has experienced: _____

Signs of pre-seizure activity: _____

Medications: _____

Date of last seizure: _____

Desired First Aid Procedures: _____

IF NO SPECIFIC PROCEDURES...DO THE FOLLOWING:

1. Place victim on the ground or floor and position on their side – DO NOT LEAVE THE VICTIM ALONE.
2. Loosen restrictive clothing.
3. Protect victim from injury, but do not try to restrict movement.
4. Never attempt to give victim anything by mouth during or just after a seizure.
5. Never place anything in the victim's mouth during seizure activity!
6. After seizure is done, make sure the airway is open.
7. Place in side-lying position.
8. Prepare to administer Diastat if applicable.
9. Call "911" if the victim has no diagnosis of seizure disorder or epilepsy. OR IF SEIZURE HAS LASTED LONGER THAN 5 MINUTES.
10. Have member of family or emergency contact notified.

I have read and agree that the above procedure should be followed by school staff in the event that my child has a seizure at school or at a school-related activity.

Parent's Signature: _____

Date: _____