



INDIVIDUAL SEIZURE ACTION PLAN

HEALTHCARE PROVIDER AND PARENT/GUARDIAN SIGNATURES REQUIRED

Student	_____ DOB: _____ _____
School/grade/teacher	_____
Parent/guardian	_____ Phone: _____ _____
Emergency contact	_____ Phone: _____ _____
Treating provider	_____ Phone: _____ _____
Plan effective	From: _____ Through: _____ _____

SEIZURE PROFILE

Type	Usual duration	Usual frequency	What it looks like / student response

Triggers/warning signs	_____
After-seizure needs	☐ Rest ☐ Quiet area ☐ Parent contact ☐ Return to class when alert ☐ Other: _____
Leave classroom?	☐ No ☐ Yes - Location/process: _____ _____
VNS/RNS/device	☐ No ☐ Yes - Instructions: _____ _____

FIRST AID - ALL SEIZURES

- ☐ Stay calm, remain with the student, and time the seizure.
- ☐ Protect from injury; clear nearby hazards; cushion the head if needed.
- ☐ Do not restrain movement and do not place anything in the mouth.
- ☐ For a convulsive seizure, turn the student on the side when safely possible and monitor breathing.
- ☐ Do not give food, drink, or oral medication until fully alert and able to swallow.
- ☐ Follow this plan, administer rescue medication if ordered, document the event, and notify as directed.



Seizure Action Plan

EMERGENCY DEFINITION AND RESPONSE

- ☐ Call 911 if a convulsive seizure lasts 5 minutes or longer, unless the provider specifies a shorter threshold below.
- ☐ Call 911 for repeated seizures without recovery, breathing difficulty, serious injury, seizure in water, first known seizure, or another emergency defined below.
- ☐ Administer prescribed rescue medication according to the order and training.
- ☐ Notify parent/guardian and school nurse/administrator.
- ☐ Send a copy of the action plan and medication record with EMS when feasible.

For this student, a seizure emergency is defined as

Rescue medication	
Dose/route	
Give when	
May repeat	☐ No ☐ Yes - After _____ minutes; maximum _____ dose(s)
After giving	☐ Call 911 ☐ Call parent ☐ Call provider ☐ Other:
Storage/self-carry	

DAILY MEDICATION AND SCHOOL ACCOMMODATIONS

Medication	Dose/route	Time	Side effects / instructions

Activity, transportation, field trip, testing, or safety precautions

Healthcare Provider Signature / Date

Parent/Guardian Signature / Date

School Nurse/Designee Review / Date

School Administrator Review / Date

RENEWAL This plan should be reviewed at least annually and whenever the student's condition, medication, or emergency instructions change.