



HEALTH SERVICES



Snowline Joint Unified School District
9558 Wilson Ranch Road
P.O. Box 296000, Phelan, CA 92329-6000

Office of the District School Nurse
(760) 868-5805 Phone
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SEIZURE ACTION PLAN

STUDENT: _____ BIRTHDATE: _____

SCHOOL: _____ GRADE: _____ TEACHER: _____

PARENT: _____ HOME PHONE: _____

CELL PHONE: _____ WORK PHONE: _____

EMERGENCY CONTACT : _____

RELATIONSHIP TO STUDENT: _____

PHONE: _____

PHYSICIAN: _____

PHONE: _____

HOSPITAL: _____ INSURANCE: _____

MEDICATION (as indicated by parent):

Medication(s) given at home: _____

Medication(s) to be given at school: _____

(A Medication Form filled out by Dr. and parent is required for school meds and is attached to this Seizure Action Plan form.)

TYPE(S) OF SEIZURE THIS STUDENT HAS (as indicated by parent):

Generalized/Grand Mal (*body falls, stiffens, and jerks; eyes roll back, may be incontinent of urine/stool, foaming or drooling of mouth*)

Generalized Absence/Petit Mal (*staring spells, eyes blank, daydreaming*)

Partial (*purposeless activity, confused, fidgets with clothing, smacks lips, jerks one limb or side of body*)

Other _____

(over for ACTION/TREATMENT)

*(Note to parent: This is the usual procedure followed for seizures. Please **indicate in #11 below any changes** to be made for your child. If there are **any Physician orders, please indicate in #12 and attach** to this form.)*

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Student name: _____ School: _____ Date: _____

ACTION/TREATMENT FOR SEIZURES:

1. Stay calm.
2. Gently assist individual to the floor, if possible.
3. Do not put anything in student's mouth.
4. Do not try to restrain student.
5. Send another student or person to health office to request health technician to come, to notify parent, and to call District Nurse.
6. **** CALL 911 IF SEIZURE LASTS LONGER THAN 5 MINUTES, IS ASSOCIATED WITH AN ILLNESS OR INJURY, OR THERE IS MORE THAN ONE SEIZURE.**

****WHEN AN EMERGENCY OCCURS:**

- A. Call 911 immediately**
- B. Stay with student until relieved by parent or District Nurse.**
- C. State WHO you are; WHERE you are; WHAT the problem is**

7. Protect individual during seizure.
 - a. Keep objects and furniture away from individual.
 - b. Protect head. Place a soft object (pillow) under the head if possible.
 - c. Loosen restrictive clothing.
 - d. Turn on side in rescue position for possible vomiting.
8. Stay with individual until health technician, district school nurse, Administrator, or paramedic arrive.
9. Give as much information as possible to first health official to arrive:
 - a. Time seizure began
 - b. Did the individual fall, hit head, etc.?
 - c. Physical characteristics observed just before, during, after seizure
 - d. Time seizure ended and/or how long it lasted
10. Complete accident report with health technician and/or District Nurse.
11. **OTHER: (per parent instructions)** _____

12. Physician instructions attached? Yes No Not necessary

PARENT AGREEMENT: I agree with the above Action Plan and hereby give permission for this information to be shared with the appropriate staff.

Parent/guardian signature: _____ **Date:** _____

(file original copy in Student Health Record; copies to parent, teacher, others _____)