

SEIZURE ACTION PLAN

School:		Year:
Student Name:	Date of Birth:	Grade:
Type of Seizure:	Triggers/Warning Signs:	

The student:

- has a vagus nerve stimulator.
- needs to leave the classroom after a seizure.

<p>DURING the seizure:</p> <ul style="list-style-type: none"> → Note the time the seizure begins and ends. → Stay with the student. → Lay the student on their side. → Do NOT put anything in the student's mouth. → Do NOT restrain the student. → Put something soft under their head for protection. → Keep the student safe: remove sharp objects, clear area of chairs, table, etc. → Loosen any tight clothing. → Call for the School Nurse or Health Assistant at _____ → Notify parent/guardian NAME: _____ Phone: _____ → Administer emergency medication: _____
<p>AFTER the seizure:</p> <ul style="list-style-type: none"> → Stay with the student until they are awake and alert. → Provide comfort and reassurance. → Allow the student to return to normal activities if allowed by the parent/guardian or follow parent/guardian instructions.
<p>CALL 911 when:</p> <ul style="list-style-type: none"> ★ Convulsive (tonic-clonic) seizures 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. ★ Indicated by parent/guardian.

This is confidential information. Under FERPA law, each staff member with this information has the responsibility to prevent inadvertent disclosure and store protected health information in a secure location. Please contact the School Nurse if you have any questions. This Individualized Health Plan provides for routine accommodations that the Catalina Foothills School District makes available to any student who needs such routine accommodations. This IHP is separate and does not require a 504 plan or Individualized Education Plan (IEP) to accompany it.

Signatures

Parent/Legal Guardian		Date:	
Health Care Provider		Date:	
School Nurse		Date:	