Tecumseh Local Schools SEIZURE EMERGENCY ACTION PLAN

THIS FORM PROVIDES INFORMATION TO ASSIST IN THE SAFE CARE OF THIS CHILD DURING A SEIZURE.

Student's name:	DOB:		:	Age:
	Home:			
Work:	Cell:			
Other emergency contact:		Home:		
Work:Primary Care Provider:	Cell:			
Primary Care Provider:	Office		Fax:	
Neurologist:	Office		Fax:	
SEIZURE INFORMATION: • How old was child when the seizure o Type of seizures o Length of seizures o Frequency of seizures O Describe seizures • What might trigger a seizure in child				
 Does the child act differently before How does child act after a seizure is 	a seizure? Yes over?	No E	Explain:	SP/ 197
How do other illnesses affect child's	seizures?			
In addition to Basic Seizure First Aid, who Will child need to leave classroom? Yes Should an extra change of clothes be kep Where is extra change of clothes kept? SEIZURE EMERGENCY	No ot at school? Yes	No	3V 	
• A seizure emergency for this child is:				
Seizure Emergency Protocol: Administer emergency medicine list Contact school nurse at: Call 911 for transport to: Notify parent at: Notify emergency contact at: Other: EMERGENCY MEDICINE PLAN Medicine/ Dose/ Route/ When to use:	e	, s		
SPECIAL CONSIDERATIONS/SAFETY PRECAUTIONS (with school activities, sports, trips, etc.):				
Physician Name (print):				
Physician Signature:				Date:
- Hydiolair Olgitalaidi				
Parent/Guardian Signature:				Date:

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 (grand mal) seizure:

Protect head Keep airway open/watch breathing Turn child on side

A Seizure is generally considered an emergency when:

A convulsive (tonic-clonic) seizure lasts longer than 5 minutes Student has repeated seizures without regaining consciousness Student has a first time seizure Student is injured or has diabetes Student has breathing difficulties