



# Douglas County School System

P.O. Box 1077 ~ Douglasville, GA 30133 ~ 770-651-2000 ~ www.douglas.k12.ga.us

Mr. Trent North, Superintendent

## School Seizure Action Plan Effective Date \_\_\_\_\_

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Parent/Guardian: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_  
 Treating Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Significant Medical History: \_\_\_\_\_

Seizure History				
Seizure Type	Date	Length	Frequency	Description

Known Seizure Triggers or Warning Signs: \_\_\_\_\_  
 Student's response after seizure: \_\_\_\_\_  
 Anti-Epileptic Medication Prescribed: \_\_\_\_\_

**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 seizure:**

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

**A seizure is generally considered an emergency when:**

- Convulsive (tonic-clonic) seizure lasts 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
- Student has a seizure in water

**Seizure Emergency Protocol (Check all that apply and clarify below)**

Contact parent/guardian and school nurse at \_\_\_\_\_  
 Call 911 for transport to \_\_\_\_\_  
 Administer emergency medications as indicated below  
 Notify doctor  
 Other \_\_\_\_\_

**Treatment Protocol During School Hours (include daily and emergency medications)**

Emergency Medication	Dosage	Common Side Effects

Does student have a Vagus Nerve Stimulator?  Yes  No If YES, describe magnet use:  
 \_\_\_\_\_

Special Considerations and Precautions (regarding school activities, sports, trips, etc.) Describe any special considerations or precautions: \_\_\_\_\_

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_