CHARLOTTE CHRISTIAN SCHOOL
veritas tota | homini toti

# 2021-22 SEIZURE ACTION PLAN

Health Room Fax #: (704) 368-1078

## STUDENT

**First:** _____

**Last:** _____

**DOB:** _____ **Grade:** _____

## PARENT

**Parent's Names:** _____

**Father Cell:** _____

**Mother Cell:** _____

→ PARENT SIGNATURE: _____ DATE: _____

**Emergency Contact Name:** _____ **Emergency Contact Number:** _____
(other than parent)

## SIGNIFICANT MEDICAL HISTORY (Please list below or provide additional documentation.)

## SEIZURE INFORMATION

| SEIZURE TYPE | LENGTH | FREQUENCY | DESCRIPTION |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

Seizure triggers or warning signs:
Medication for Aura (student carry):
Student's response after seizure:

## BASIC FIRST AID: CARE & COMFORT

Does student need to leave the classroom after a seizure? ___ Yes ___ No
Does student self carry seizure medication? ___ Yes ___ No

## EMERGENCY RESPONSE

A "seizure emergency" for this student is defined as: _____

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

___ Contact school nurse at (704) 366-5657, ext. 2155.
___ Call 911 for transport to _____
___ Notify parent or emergency contact
___ Notify doctor
___ Administer emergency medications as indicated below
___ Other _____

## BASIC SEIZURE FIRST AID

- Stay calm
- 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:

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

## TREATMENT PROTOCOL DURING SCHOOL HOURS (Include daily and emergency medications.)

| EMERGENCY MEDICATION | MAINTENANCE MEDICATION | DOSAGE & TIME OF DAY GIVEN | COMMON SIDE EFFECTS & SPECIAL INSTRUCTIONS |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

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: _____

PHYSICIAN NAME PRINTED: _____ PHONE: _____

**ALL MEDICATION WILL BE DISCARDED IF NOT PICKED UP BY MAY 27, 2022.**
**THE ABOVE MEDICATION ORDER IS VALID FOR ONE YEAR FROM THE DATE SIGNED BY THE PHYSICIAN.**