

**SEIZURE ACTION PLAN**

Effective Date of Plan: \_\_\_\_\_ School year

**Return completed form to School Nurse: Cape May County Technical School: 188 Crest Haven Rd., CMCH, NJ 08210**  
**Parent/Guardian: If you do not supply the annually updated medical plan, your child will not be permitted to participate in sports or any off campus activity, including field trips.**

THE INFORMATION BELOW IS TO ASSIST SCHOOL PERSONNEL SHOULD A SEIZURE OCCUR DURING SCHOOL HOURS.

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Home/Work/Cell (list all): \_\_\_\_\_

**Emergency Contact** in the event you cannot be reached:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Home/Work/Cell (list all): \_\_\_\_\_

Treating Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

<i>Seizure Type</i>	<i>Length</i>	<i>Frequency</i>	<i>Description</i>

Medications: name, dose and times: \_\_\_\_\_

Vagus Nerve Stimulator (VNS)? NO YES, Describe magnet used: \_\_\_\_\_

Seizure triggers or warning signs: \_\_\_\_\_

Student's reaction to seizure: \_\_\_\_\_

Other Significant medical history: \_\_\_\_\_

**ANY SPECIAL CONSIDERATIONS & SAFETY PRECAUTIONS:** No heights, no work with hazardous machinery. Is student cleared for behind-the-wheel driver's training? **YES NO** List any other precautions particular to the Vocational School setting (shop activities/cooperative work experience restrictions): \_\_\_\_\_

**BASIC FIRST AID: CARE & COMFORT:** *Please add any other basic first aid procedures that may be required in addition to those indicated in the side box. => => =>*

<b>Basic Seizure First Aid:</b>
✓ 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
<b>For tonic-clonic (grand mal) seizure:</b>
✓ Protect head
✓ Keep airway open/watch breathing
✓ Turn child on side

After seizure is student permitted back to the classroom? YES NO

<b>A Seizure is generally considered an Emergency when:</b>
✓ 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 is pregnant
✓ Student has breathing difficulties
✓ Student has a seizure in water

**Other criteria for a "seizure emergency" for this student is defined as:**  
\_\_\_\_\_

**Seizure Emergency Protocol:** *(Check all that apply and clarify below)*  
 Contact school nurse at: ext. 333 ("in school medical emergency extension")  
 Call 911 for transport to closest hospital emergency room.  
 Notify parent or emergency contact  Notify doctor

Medication to be given by School Nurse: Name: \_\_\_\_\_ Dose: \_\_\_\_\_ Route: \_\_\_\_\_

**Physician Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I consent to the release of information contained in this plan to school staff or emergency care personnel who may need to know this information. I consent to the release of information between my child's Medical Care Team and Cape May County Technical school nurse for the purpose of seizure management in school.

**Parent Signature:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

MW:p/Care Plan/Seizure Action Plan 2013