

ISD #2909 ROCK RIDGE PUBLIC SCHOOLS

STUDENT SEIZURE ACTION PLAN

School Health Services Phone: 218-749-5437

Fax: 218-741-8522 Virginia Campus Fax: 218-744-4381 Eveleth/Gilbert Campus

PLC ___ Roosevelt ___ VHS ___ Nelle Shean ___ E/G HS ___ Franklin ___

THIS INDIVIDUAL IS BEING TREATED FOR A SEIZURE DISORDER. INFORMATION BELOW SHOULD ASSIST YOU IF A SEIZURE OCCURS.

Name: _____

Date of Birth: _____

Parent/Guardian: _____

Phone: _____

Treating Physician: _____

Phone: _____

Significant medical history: _____

Emergency rescue medication: *(Include*

SEIZURE INFORMATION: (Please include type, length, frequency, and description)

Seizure triggers or warning signs: _____

Response after a seizure: _____

***Basic seizure first aid:**

- Stay calm & track time
- Keep person safe
- Do not restrain
- Do not put anything in mouth
- Stay with person until fully conscious

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

- Contact school nurse at _____
- Call 911 for transport to _____
- Notify parent or emergency contact
- Notify doctor
- Administer emergency medications as indicated below
- Other _____

Physician Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____