

Fulton City School District

Seizure Action Plan

General Information

Name _____ DOB _____

Teacher _____ Room _____ Grade _____

Parent/Guardian Name _____ Home Phone _____

Address _____ Work Phone _____

Cell Phone _____

Parent/Guardian Name _____ Home Phone _____

Address _____ Work Phone _____

Cell Phone _____

Emergency and Physician Contacts

Emergency Contact #1 Name _____ Relationship _____ Phone _____

Emergency Contact #2 Name _____ Relationship _____ Phone _____

Emergency Contact #3 Name _____ Relationship _____ Phone _____

Physician for Seizure Treatment _____ Phone _____

Other Physician _____ Phone _____

Type of seizures: _____

Signs of seizures: _____

Some signs to watch for include:

- Sudden falls for no reasons
- Lack of response for brief periods
- Dazed behavior
- Unusual sleepiness and irritability when wakened from sleep
- Head nodding
- Rapid blinking
- Rapid chewing
- Frequent complaints from child that things look, sound, taste, smell or feel “funny”
- Sudden stomach pain followed by confusion and sleepiness
- Repeated movements that look out of place or unnatural
- Frequent stumbling or unusual clumsiness

Student specific symptoms:

Student limitation ordered by physician:

Seizure management:

Medications: _____

Vagal Nerve Stimulator:

Other: _____

General Seizure First Aid:

- Protect head
- Nothing in mouth
- Do not restrain
- Provide safe environment
- Loosen tight neckwear
- Remain nearby and summon help

Parent signature: _____ Date: _____