



NORTH FOND DU LAC SCHOOL DISTRICT
School Health Programs
305 McKinley Street, North Fond du Lac, WI 54937

Schools:
Early Learning: 920-929-3762/fax 920-322-9117
Friendship Learning 920-929-3757/fax 920-929-7020
Bessie Allen: 920-929-3754/fax 920-929-3747
Horace Mann: 920-929-3740/fax 920-929-3664

SEIZURE ACTION PLAN

****This student is being treated for a seizure disorder. The information below should assist you if a seizure occurs during school hours**

Student Information

Student's Last Name	Student's First Name

Parent/Guardian Information

Parent/Guardian 1 Name:	Phone Number(s)
	Home: Cell: Work:
Parent/Guardian 2 Name:	Phone Number(s)
	Home: Cell: Work:

Other Emergency Contact

Name/Relation	Phone Number(s)
	Home: Cell: Work:

Health Information

Treating Physician	Phone #

Significant Medical History

Seizure Information

Seizure Type	Length	Frequency	Description

Seizure Triggers or Warning Signs:

Student's Response After a Seizure:

Basic First Aid: Care & Comfort		Basic Seizure First Aid
Please describe basic first aid procedures:		Keep Calm & Track Time
<div></div> <div></div> <div></div>		<ul style="list-style-type: none">Keep child safeDo not restrainDo not put anything in mouthStay with child until fully consciousRecord seizure in log
Does the student need to leave the classroom after a seizure? If YES, please describe process for returning student to classroom:		For Tonic-Clonic seizures:
<div></div> <div></div> <div></div>		<ul style="list-style-type: none">Protect headKeep airway open/watch breathingTurn child on side
Emergency Response		A seizure is considered an emergency when:
A “seizure emergency” for this student is defined as: <div></div> <div></div> <div></div>	Seizure Emergency Protocol (Check all that apply and clarify below) <ul style="list-style-type: none"><input type="checkbox"/> Contact School Nurse<input type="checkbox"/> Call 911 for transport to<input type="checkbox"/> Notify parent or emergency contact<input type="checkbox"/> Administer emergency medications as indicated below<input type="checkbox"/> Notify Doctor<input type="checkbox"/> Other	<ul style="list-style-type: none">Convulsive (tonic-clonic) seizure lasts more than 5 min.Student has repeated seizures w/out regaining consciousnessStudent is injured or diabeticStudent has a first-time seizureStudent has breathing difficultiesStudent has seizure in water

Treatment Protocol During School Hours (include daily and emergency medications)			
Emergency Med <input checked="" type="checkbox"/>	Medication	Dosage & Time of Day Given	Common Side Effects & Special Instructions
Does student have a Vagus Nerve Stimulator? If YES, describe magnet use:			
Special Considerations and Precautions (regarding school activities, sports, trips, etc.)			
Describe any special considerations or precautions: <div></div> <div></div>			

<p>Parent Complete:</p> <p>I hereby give my permission for my child to receive the specialized procedure named above as prescribed by my child's physician. it is my understanding that the designated person(s) will be using the approved procedure. I agree to notify the school immediately of any changes in my child's health condition, physician or procedure.</p> <p>Health Plan Reviewed:</p> <div><div>Parent Signature</div><div>Date</div></div> <div><div>School Nurse Signature</div><div>Date</div></div>	<p>For Physician use only:</p> <p>Please circle one item:</p> <p>a. I have reviewed and approved the attached procedure as written.</p> <p>b. I have reviewed and approved the attached procedure with my modifications.</p> <p>c. I do not approve of the procedure. A substitute is attached.</p> <p>*Authorization for this plan is required annually.</p> <div><div>Physician signature</div><div>Date</div></div>
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