



SEIZURE ACTION PLAN

Fairbanks North Star Borough School District

Student _____ Birthdate _____ Grade _____

Parent/Guardian _____ Phone _____ Cell _____

Emergency Contact _____ Phone _____ Cell _____

Seizure Type	Length	Frequency	Description

Seizure triggers/warning signs:
 Student response after seizure:
 Special considerations for this student:

Treatment protocol during school hours (include any daily and emergency medications)		
medication	dose/time	common side effects/special instructions

Basic Seizure First Aid	Seizure Emergency when:
<ul style="list-style-type: none"> Stay calm Track time Keep student safe Protect head Keep airway open Turn student on side Do NOT restrain Do NOT put anything in mouth Stay with student until fully conscious 	<ul style="list-style-type: none"> Convulsive seizure lasts longer than 5 minutes Repeated seizures without gaining consciousness Student injured as a result of seizure Student is diabetic First time seizure Student has breathing difficulty Seizure in water

A seizure emergency for this student is:

Seizure Emergency Protocol

- Contact school nurse
- Call 911
- Contact parent/guardian or emergency contact
- Administer emergency medications (as indicated)

Healthcare Provider Signature _____ Date _____

Parent/Guardian Signature _____ Date _____