



My Child's Seizure Action Plan

Child's Name: _____

Not another moment lost to seizures



Family to complete this page: Date of Birth: _____

Parent/Guardian: _____ Phones: _____

Parent/Guardian: _____ Phones: _____

Other contact: _____ Phones: _____

Primary provider: _____ Phone: _____

Specialist: _____ Phone: _____

Hospital Preference: _____

Important medical history to know: (include hospital stays, surgeries, etc.) _____

Special Considerations and Safety Concerns (for activities, sports, trips, etc.) _____

What my child's seizures look like: During a seizure, my child needs: After a seizure my child needs:

	<p>Basic Seizure First Aid:</p> <ul style="list-style-type: none"> • Stay calm & track time • Keep my child safe • Do not restrain my child • Do not put anything in mouth • Stay with my child until awake • Record seizure in log <p>Tonic-Clonic (grand mal) seizure:</p> <ul style="list-style-type: none"> • Protect head • Keep airway open • Watch breathing • Turn my child on side 	
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Please share the information on both pages of this form with the following people at school: _____

I understand the nurse may communicate with the provider for questions or clarification of medication orders that is standard practice and will release the information only to those I designate above:

Parent Name and Signature: _____

Date: _____



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This section to be completed by the Nurse Practitioner or Physician:

Daily Medicines	Dose & Time of Day Given	Common Side Effects - Special Instructions

Does your child have a **Vagus Nerve Stimulator (VNS)**? ___Yes ___No (If yes, please attach a VNS information sheet)

Additional Comments: _____

Emergency Medicines

Name of medicine	How to give/ How much	When to give	Common Side Effects & Special Instructions

Treat my child's seizure as an emergency if:

- A convulsive (tonic-clonic) seizure lasts longer than 5 minutes
- My child has many seizures in a row without waking up
- My child is injured
- My child has breathing difficulties
- My child has a seizure in water
- Other:

For a seizure emergency:

- Call 911 transport to hospital:
- Notify parent or this emergency contact:
 - Name: _____
 - Phone Number: _____
- Notify doctor:
 - Phone number: _____
- Administer emergency medicines indicated
- Other:

Physician Name and Signature: _____ Date: _____

This form is active from _____ to _____