

Newburg R-II School District

Phone: (573)762-9653 Fax: (573)762-2498

Seizure Action Plan

Effective Date: _____

This child is being treated for a seizure disorder. This information below should assist you if a seizure occurs during childcare hours.

Child's Name: _____ DOB: ____/____/____

Parent/Guardian: _____ Phone: _____ Cell: _____

Other Emergency Contact: _____ Phone: _____ Cell: _____

Basic Seizure First Aid

- Stay calm and track time.
- Keep the child safe.
- Do not restrain.
- Do not put anything in mouth.
- Stay with the child until fully conscious.

For tonic-clonic seizure:

- Protect head.
- Keep the airway open/watch breathing.
- Turn the child on its side.

A seizure is generally considered an emergency when:

- Convulsive (tonic-clonic) seizure lasts longer than 5 minutes.
- Child has repeated seizures without regaining consciousness.
- Child is injured or has diabetes.
- Child has first-time seizures.
- Child has breathing difficulties.
- Child has a seizure in the water.

Emergency Response

A "seizure emergency" for

This child is defined as:

Seizure Emergency Protocol

(Check all that apply and clarify below)

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

Special Considerations and Precautions (regarding activities, sports, trips, etc.)

Describe any special considerations or precautions:

Physician Signature _____ Date _____

Parent/Guardian Signature _____ Date _____