



ST. JOHN'S CLASSICAL ACADEMY
SCHOOL HEALTH SERVICES
SCHOOL YEAR _____

PLACE
PHOTO
HERE

SEIZURE EMERGENCY ACTION PLAN

Scholar Name: _____ DOB: _____ Grade: _____

Parent / Guardian: _____ Phone: _____

Physician / Provider: _____ Phone: _____

Allergies: _____

SYMPTOMS OF SEIZURE EMERGENCY

- Seizure lasting longer than 5 minutes
- Repeated seizures without gaining consciousness / rapid sequence of seizures
- Breathing difficulties
- Seizures in a child who has never experienced one before
- Seizure occurs in water
- Scholar is pregnant or has Diabetes

MANAGEMENT OF SEIZURE EMERGENCY

- **CALL 911 IMMEDIATELY**
- Call school nurse at ext. _____
- Call Administration at ext. _____
- Protect from injury.
- Do not insert anything into mouth.
- Turn scholar on his or her side.
- Monitor for type and duration of seizure.
- Administer Diastat if ordered by physician.
- If student has Vagal Nerve Stimulator, give _____ swipes. Wait _____ minutes between swipes.
- Call parents.

NOTES

Physician Signature: _____

Date: _____

RN Signature: _____

Date: _____

Copies Given to:

___ Parent	___ Teacher	___ 1 st	___ 2 nd	___ 3 rd	___ 4 th	___ 5 th	___ 6 th	___ 7 th
___ PE	___ Cafeteria	___ Library	___ Coach	___ Music	___ Art	___ Foreign L	___ ESE	___ 8th-12th
___ Other	_____							