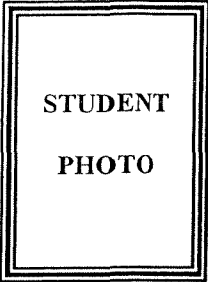


BALDWINSVILLE CENTRAL SCHOOL DISTRICT

SEIZURE ACTION PLAN

GENERAL INFORMATION



Name	_____	DOB	_____
Teacher	_____	Room	_____
Grade	_____		
Parent/Guardian Name	_____	Home Phone	_____
Address	_____	Work Phone	_____
		Cell Phone	_____
Parent/Guardian Name	_____	Home Phone	_____
Address	_____	Work Phone	_____
		Cell Phone	_____

EMERGENCY AND PHYSICIAN CONTACTS

Emergency Contact # 1	_____	_____	_____
	Name	Relationship	Phone
Emergency Contact # 2	_____	_____	_____
	Name	Relationship	Phone
Emergency Contact # 3	_____	_____	_____
	Name	Relationship	Phone
Physician for Seizure Treatment	_____	_____	_____
	Name		Phone
Other Physician	_____	_____	_____
	Name		Phone

Type of seizures: _____

Signs of seizures: _____

Some signs to watch for include:

- Sudden falls for no reason
- Lack of response for brief periods
- Dazed behavior
- Unusual sleepiness and irritability when wakened from sleep
- Head nodding
- Rapid blinking
- Rapid chewing
- Frequent complaints from child that things look, sound, taste, smell or feel "funny"
- Sudden stomach pain followed by confusion and sleepiness
- Repeated movements that look out of place or unnatural
- Frequent stumbling or unusual clumsiness

Student specific symptoms:

Student specific triggers:

Student limitations ordered by physician:

Seizure Management:

Medications: _____

Vagal Nerve Stimulator: _____

Other: _____

General Seizure First Aid:

- *protect head*
- *nothing in mouth*
- *do not restrain*
- *provide safe environment*
- *loosen tight neckware*
- *remain nearby and summon help*

Parent Signature

date