

HARRISON COUNTY SCHOOL DISTRICT
SEIZURE DISORDER EMERGENCY ACTION PLAN
(WITHOUT DIASTAT)
Plan valid for one school year

Student Name:	Date of Birth:	Date of Plan:
School:	Grade:	Teacher:

EMERGENCY CONTACTS:

Parent/Guardian Name(s):	Phone Number(s):
Name/Relationship:	Phone Number:
Healthcare Provider's Name:	Phone Number:
Hospital:	Phone Number:

Other Diagnoses:
Medication(s):
Precaution(s):
Signs of Emergency:

ACTIONS FOR SCHOOL STAFF TO TAKE:

1. Calm student by assisting to floor or flat surface. Position student on left side. Remain beside student & talk calmly in a quiet, reassuring manner.	
2. Loosen clothing around neck. Notify nurse immediately. Notify parent. Time/record jerking.	
3. Protect head with hands or place something soft underneath.	
4. Do not restrain or put anything in student's mouth. Keep other students away. Let the jerking run its course. Observe for breathing and pulse. <i>Irregular breathing, irregular pulse, or bluish skin may occur during jerking. It should return to normal when activity stops.</i>	
5. Call 911 if:	a) seizure lasts more than <input type="text"/> minutes.
	b) two or more seizures occur consecutively.
	c) Respiratory or cardiac distress occurs after seizure ends.

Healthcare Provider's Signature

Date

Parent Signature

Date

School Nurse Signature

Date