

**Berrien Springs Public Schools**  
**EPILEPSY/SEIZURES PLAN OF ACTION**

<b>Name:</b>		Picture of Student	
Regular HCP <input type="checkbox"/>	504 HCP <input type="checkbox"/>		Date:
School:			
Student Number:	Birth Date:		
<b><u>Seizure Management Plan:</u></b>			
<b>Typical Seizure Pattern:</b>			

**Student's Warning Signs:**

**Student's seizures usually look like:**

- During a Seizure:**
- Always stay with the child
  - Position child onto his/her side to avoid choking on saliva
  - Move the child to the floor, if able, and clear area around child of hazards (hard/sharp objects)
  - Do not restrain child or put anything in child's mouth
  - Roll up something soft and place under the student's head
  - Loosen any tight clothing and remove glasses if applicable
  - Have someone remain with child until conscious and no longer confused
  - Monitor time when seizure started and the length of each seizure

**Additional actions during seizure:**

- CALL 911 FOR:**
- A seizure lasting longer than \_\_\_\_\_ minutes
  - Any signs of respiratory distress (stops breathing or turns dusky/blue)
  - Other: \_\_\_\_\_

- After a Seizure:**
- Allow child to rest
  - Notify the parent
  - Document the seizure, making note in 3 areas – what happened before, during and after the seizure
  - Help other children deal with the seizure. Talk about seizures, why they happen and what to do

**Additional actions after seizure:**

**More information on other side →**

<b><u>Other health concerns:</u></b>	
<b><u>Medications:</u></b>	<b><u>Dose/Time:</u></b>
<b><u>Parent Signature:</u></b>	<b><u>Date:</u></b>
<b><u>M.D. Signature</u></b> (or med. Authorization form on file)	<b><u>Date:</u></b>
<b><u>Contact Information:</u></b>	
<b><u>Parent/Guardian:</u></b>	<b><u>Home phone:</u></b>
1. _____	<b><u>Work:</u></b> _____ <b><u>Cell:</u></b> _____
2. _____	<b><u>Work:</u></b> _____ <b><u>Cell:</u></b> _____
<b><u>Home Address:</u></b>	<b><u>Teacher:</u></b>
<b><u>Emergency contact:</u></b>	<b><u>Phone:</u></b>
<b><u>Primary Care Physician:</u></b>	<b><u>Phone:</u></b>
<b><u>Specialty MD:</u></b>	<b><u>Phone:</u></b>
<b><u>School Nurse:</u></b>	<b><u>Phone:</u></b>
<b><u>Other Pertinent Information</u></b>	

**Copies:**

- Parent
- Teacher \_\_\_\_\_
- PE
- Library
- Music
- Recess
- Transportation
- Health Office