PUBLIC CHARTER SCHOOL DISTRICT

Street | Columbia, SC 29201 | (803) 888-8888

SEIZURE EMERGENCY ACTION PLAN

Student:_____ **Date of Birth: _____ Teacher: _____Grade: _____**	**Medical Diagnosis: _____** **Allergies: _____**
Physician:_____ **Phone:_____** **Preferred hospital: _____**	**Parent Contact: _____** **Home: _____** **Cell:_____Work:_____** **Other: _____**

Plan for (specify condition):	
If you see this: Seizure	**Do this:**
• A convulsive seizure that lasts longer than 5 minutes • A first-time seizure • Student is injured • Student has breathing difficulties • Student has repeated seizures without regaining consciousness	1. If the emergency is life-threatening, immediately call 911. 2. Stay with the student or designate another adult to do so. Protect student. Do not restrain. 3. Call or designate someone to call the school nurse, principal, and parent. a. State who you are. b. State where you are. c. State problem. 4. Keep the time of the length of the seizure.
If you see this: Student specific emergency	**Do this:**

SAMPLE

DO NOT HESITATE TO ADMINISTER MEDICATION OR CALL THE RESCUE SQUAD EVEN IF PARENTS CANNOT BE REACHED!

This emergency action plan was prepared by the following nurse:

RN's signature:_____

RN's name print:_____

Date: _____