

# 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:
<ul style="list-style-type: none"><li>• A convulsive seizure that lasts longer than 5 minutes</li><li>• A first-time seizure</li><li>• Student is injured</li><li>• Student has breathing difficulties</li><li>• Student has repeated seizures without regaining consciousness</li></ul>	<ol style="list-style-type: none"><li>1. If the emergency is life-threatening, immediately call 911.</li><li>2. Stay with the student or designate another adult to do so. Protect student. Do not restrain.</li><li>3. Call or designate someone to call the school nurse, principal, and parent.<ol style="list-style-type: none"><li>a. State who you are.</li><li>b. State where you are.</li><li>c. State problem.</li></ol></li><li>4. Keep the time of the length of the seizure.</li></ol>
If you see this: Student specific emergency	Do this:

**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: \_\_\_\_\_