

YOUR SCHOOL DISTRICT
SAMPLE SEIZURE EMERGENCY CARE PLAN

STUDENT INFORMATION		
Student Name: _____		DOB: _____
Building: _____	Grade: _____	Bus #: _____
IF YOU SEE THIS:	DO THIS:	
1. Student having a seizure:	<ul style="list-style-type: none"> • Ease child to the floor • Note time seizure began • Call for nurse • Clear area of any objects that could injure child • Place flat, soft padding under child's head, if possible • Do not restrain child in anyway • Do not attempt to reach into child's mouth or place anything in child's mouth 	
2. Seizure lasting 2 minutes:	<ul style="list-style-type: none"> • Nurse will administer Diastat as ordered 	
3. Seizure lasting 10 minutes:	<ul style="list-style-type: none"> • If seizure does not stop within 10 minutes of administering Diastat - call 911 for ambulance transport to the hospital • If seizure stops before the ambulance arrives, student should not be transported to the hospital • Send emergency info folder with student to the hospital 	
Parent #1:	Tel#1: _____	Tel#2: _____
Parent #2:	Tel#1: _____	Tel#2: _____
Pediatician:	Tel#1: _____	Tel#2: _____
Neurologist:	Tel#1: _____	Tel#2: _____
Date: _____	Parent/guardian Signature: _____	
Date: _____	Nurse's Signature: _____	