

SEIZURE EMERGENCY PLAN

Student's Name:		Place Student Picture Here
Date of Birth:		
Teacher:	Grade:	
Parent / Guardian:	Phone #:	
Address:	Postal Code:	
Parent / Guardian:	Phone #:	
Address:	Postal Code:	
Emergency Contact:	Relationship:	
Home Phone #:	Work #:	
Emergency Contact:	Relationship:	
Home Phone #:	Work #:	
Doctor's Name:	Phone #:	
 4. What happens during a seizu 	arning symptoms before a seizure?	
5. Is your child on medication(s		
Times given		
 Possible side effects. Child wears a Medic Alert Br 	acelet 🗆 Yes 🗆 No	
EMERGENCY RESPONSE – St		
1. When this student has a seiz		
 b. Do not restrain his / her i c. After jerking or seizure h her face gently turned do d. Do not put anything betw e. Do not give the child any f. Stand by until the child h 	ownward. veen the child's teeth. /thing to drink.	scious, turn the person on their side with his / e confusion, which sometimes follows a seizure.

- h. Notify parents.
- 2. 911 will be called if: _____

3. Comments: _____

Parent / Legal Guardian Signature: _____ Date: _____

RETURN FORM TO THE SCHOOL AND DISCUSS WITH OFFICE STAFF AND ALL YOUR CHILD'S TEACHERS