

Barrow County School System

Seizure - Student Health Action Plan

Student's name _____ Birth Date _____

School _____ School Year _____

Grade _____ Teacher _____

Health Information for teachers

The above named student has a health condition of which you as the teacher need to be aware.

Seizure Profile: _____

Description of

Seizure: _____

Individual Action Plan: *Protect the child from injury; remove harmful objects near the child. Place a blanket or soft item under the head to protect from injury. Do NOT try to hold the child down. Lay the child on his/her side once the convulsion has stopped. If the child has a seizure lasting 5 minutes or longer, or has cluster (repetitive) seizures, call 911 emergency services.*

Medications currently taken and those given in an emergency: _____

Seek emergency medical care if the student has any of the following:

- * Difficulty breathing or respiratory distress
- * Chest pains which do not improve within a few minutes
- * Uncontrolled or severe bleeding
- * Extensive burns
- * Seizure activity lasting 5 minutes or longer
- * Weakness to one side of the body or difficulty speaking
- * Poisoning
- * Loss of consciousness
- * Severe allergic reactions
- * Severe, unaccustomed headache
- * Chemical injuries

Parent / Guardian Signature _____ Date _____

Teacher Signature _____ Date _____

School Administrator _____ Date _____

School Nurse / Clinic Secretary _____ Date _____

*Please note this is confidential information for Barrow County School System employees only.
Please keep it in a secure place.*