

Seizure Action Plan AIS-R

Name student: _____ Grade: _____
has been diagnosed with a seizure disorder.

Medications taken daily:

Name	Dose	Time	Common side effects

Type of Seizure	Length	Frequency	Description

Triggers that might cause a seizure: _____

Warning signs or behavior changes before a seizure occurs: _____

Action plan if seizure occurs: _____

See other side

Would you like to be notified any time a seizure occurs? ☐ Yes ☐ No

Special considerations and safety precautions: (regarding school activities, sports etc.)

Emergency medication:_____ Dose:_____

An emergency is considered if:

- A tonic-clonic seizure last longer than 5 minutes
- Student has repeated seizures without regaining consciousness
- Student has a first time seizure
- Student has breathing difficulties

In case of an emergency, student will be transported to the nearest hospital.

The parents/guardians should provide medication to be kept in the nurse's office. The responsibility of providing medication is that of the parents/guardians of the student concerned.

Signature Parent/Guardian

Date

Mobile Father:_____

Mobile Mother: _____