



SEIZURE ACTION PLAN (SAP)

Current School Year: _____

Current Date: _____

Name: _____

DOB: _____

Address: _____

Parent / Guardian Name: _____ Phone: _____

Emergency Contact Name: _____ Phone: _____

Seizure Information

Seizure Type	How Long It Lasts	How Often	What Happens

How to respond to a seizure:

- First Aid- **Stay. Safe. Side.**
- **Call (ext. 106) or walkie** school nurse
- School nurse and or administrator will notify parent/guardian
- Give rescue therapy according to SAP protocols
- School nurse and or administrator will determine if a call to **911** is needed according to SAP protocols



First aid for any seizure

- **Call (ext. 106) or walkie** school nurse
- **STAY** calm, keep calm, **begin timing seizure**
- Keep me **SAFE** - remove harmful objects, don't restrain, protect head
- **SIDE** - turn on side if not awake, keep airway clear, don't put objects in mouth
- **STAY** until recovered from seizure
- Write down what happens
- Other _____



When **rescue therapy** may be needed:

WHEN AND WHAT TO DO

If seizure (cluster, # or length) _____

Name of Med/Rx _____ How much to give (dose) _____

How to give _____

If seizure (cluster, # or length) _____

Name of Med/Rx _____ How much to give (dose) _____

How to give _____

Care after seizure

What type of help is needed? (describe) _____

When is person able to resume usual activity? _____

Special instructions: _____

First Responders: _____

Daily Seizure Medication

Medicine Name	Total Daily Amount	Amount of Tab/Liquid	How Taken (time of each dose and how much)



Other information

Triggers: _____

Important Medical History: _____

Allergies: _____

Epilepsy Surgery (type, date, side effects) _____

Device: _____ Date Implanted _____

Special Instructions: _____

Health Care Contacts

Epilepsy Provider: _____ Phone: _____

Primary Care: _____ Phone: _____

Preferred Hospital: _____ Phone: _____

Pharmacy: _____ Phone: _____

Parent / Guardian Signature: _____ *Date:* _____

LEA Signature: _____ *Date:* _____

Nurse Signature: _____ *Date:* _____