



SEIZURE ACTION PLAN

Effective Date: _____

This child is being treated for a seizure disorder. This information below should assist you if a seizure occurs during childcare hours.

Child's Name _____

Date of Birth _____

Parent/Guardian _____

Phone _____

Cell _____

Other Emergency Contact _____

Phone _____

Cell _____

Treating Physician _____

Phone _____

Significant Medical History _____

Seizure Information

Seizure Type	Length	Frequency	Description

Seizure triggers or warning signs: _____

Child response after a seizure: _____

Basic First Aid: Care and Comfort

Please describe basic first aid procedures: _____

Does the child need to leave the other children to recover? ☐ Yes ☐ No
If YES, describe process for returning child to interact with others: _____

Basic Seizure First Aid

- Stay calm & track time
- Keep child safe
- Do not restrain
- Do not put anything in mouth
- Stay with child until fully conscious

For tonic-clonic seizure:

- Protect head
- Keep airway open/watch breathing
- Turn child on side

Emergency Response

A "seizure emergency" for this child is defined as: _____

Seizure Emergency Protocol

(Check all that apply and clarify below)

- ☐ Call 911 for transport to _____
- ☐ Notify parent or emergency contact
- ☐ Administer emergency medications as indicated below
- ☐ Notify doctor
- ☐ Other _____

A seizure is generally considered an emergency when:

- Convulsive (tonic-clonic) seizure lasts longer than 5 minutes
- Child has repeated seizures without regaining consciousness
- Child is injured or has diabetes
- Child has a first-time seizure
- Child has breathing difficulties
- Child has a seizure in water

Treatment Protocol During Childcare Hours (include daily and emergency medications)

Emerg. Med.	Medication	Dosage & Time of Day Given	Common Side Effects & Special Instructions

Does child have a Vagus Nerve Stimulator? ☐ Yes ☐ No If YES, describe magnet use: _____

Special Considerations and Precautions (regarding activities, sports, trips, etc.)

Describe any special considerations or precautions: _____

Physician Signature _____ Date _____

Parent/Guardian Signature _____ Date _____