



# TRADERS POINT CHRISTIAN SCHOOLS

TRAINING SCHOLARS. MAKING DISCIPLES. GRADUATING LEADERS.

## Seizure Medical Action Plan

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Teacher/Grade: \_\_\_\_\_

### Seizure History:

1. Type of seizure (please check all that apply)

- absence (petit mal)                       clonic                       myoclonic
- tonic-clonic/convulsive (grand mal)     tonic                       atonic (drop attacks)
- other \_\_\_\_\_

2. What does a typical seizure look like?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Possible triggers/warning signs (aura): \_\_\_\_\_

\_\_\_\_\_

4. Typical postictal behaviors: \_\_\_\_\_

\_\_\_\_\_

5. Date of last seizure: \_\_\_\_\_

### Basic Seizure First Aid:

- Stay calm
- Track time- when seizure starts and when it ends
- Keep child safe-lower to the ground, something soft under head, move furniture away
- Position on side
- Do not restrain
- Do not put anything in mouth
- Stay with student

### Seizure Emergency-call 911:

- Tonic-Clonic seizure lasts more than 5 minutes
- Student has repeated seizures without regaining consciousness
- Student is injured or has diabetes
- Student has breathing difficulties
- Student has seizure in water
- Student has first-time seizure

**Early Childhood**  
6590 S. Indianapolis Road  
Whitestown, IN 46075  
(317) 769-2450

**Lower School**  
5770 Whitestown Parkway  
Whitestown, IN 46075  
(317) 769-2450

**Upper School**  
5608 Whitestown Parkway  
Whitestown, IN 46075  
(317) 360-0468



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Emergency Contacts:

Name/Relationship:

Number:

a. \_\_\_\_\_

\_\_\_\_\_

b. \_\_\_\_\_

\_\_\_\_\_

Even if a parent/guardian cannot be reached, do NOT hesitate to medicate or take child to a medical facility.

Medications:

1. Daily Medications

Medication	Dosage	Frequency and Time of Day Taken	Possible Side Effects

2. Emergency Medications

Medication	Dosage	Administration Instructions (timing & method)

3. Does your child have a Vagus Nerve Stimulator?

YES       NO

If yes, please describe instructions for appropriate magnet use: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Special Considerations/Precautions:

1. Physical Education/Sports: \_\_\_\_\_

2. Recess: \_\_\_\_\_

3. Field Trips: \_\_\_\_\_

4. Bus Transportation: \_\_\_\_\_

Healthcare Provider Name: \_\_\_\_\_

Healthcare Provider Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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Reviewed by School Nurse: \_\_\_\_\_

Date: \_\_\_\_\_