Brantley County School Health Services
Seizure Action Plan
2026 - 2027

SEIZURE ACTION PLAN (SAP) ☐ Bus Rider _____ ☐ Car Rider

Student Name: _____ **DOB:** ____/____/_____ **Age:** _____
School: **Atkinson Elem. School** Homeroom Teacher: _____ Grade: _____
Parents/Guardians Name(s): _____
Phone # _____ Phone # _____ Phone #_____
Parent/Guardian Place of Employment: _____ Work Phone: _____
OTHER Emergency contact: _____ Phone: _____ Relation: _____
Epilepsy Provider: _____ **Phone:** _____
Primary Care Provider: _____ **Phone:** _____
Hospital Preference: _____

SEIZURE INFORMATION: * Initial Diagnosis Date? _____

Seizure Type	How Long Does It Last?	How Often?	What Happens?	Date of last seizure?

SEIZURE MEDICATIONS:

DAILY MEDICATION		
Name:	**Dose:**	**How/when administered?**
RESCUE / EMERGENCY MEDICATION		
Name:	**Dose:**	**HOW & WHEN to give?****

Where is RESCUE/EMERGENCY medication kept at school?_____
TRIGGERS: _____
DEVICE: ☐ **VNS** ☐ **RNS** ☐ **DBS** **Date implanted:** _____
Special Considerations & Precautions: ▢ **PE/Sports** ▢ **Recess** ▢ **Field Trips** _____

TREATMENT ORDERS :

- Diazepam Rectal Gel _____mg rectally prn for:
  - ☐ Seizure >_____ minutes **OR**
  - ☐ for ____ or more seizures in ____ hours
- Use VNS (vagal nerve stimulator) magnet _____
- Other _____
- Call 911 if:
  - ☐ Seizure does not stop by itself or with VNS within ____ minutes
  - ☐ Seizure does not stop within ____ min. of administering rectal diazepam
  - ☐ Child does not start to wake up within _____ minutes after seizure is over (no diazepam given)
  - ☐ Child does not start to wake up within _____ minutes after seizure is over (after diazepam given)
- Following a Seizure: **(Please Check Off)**
  - ☐ Child should rest in nurse's office
  - ☐ Parents/Caregiver should be notified immediately
  - ☐ Child may return to class
  - ☐ Parents/Caregiver should receive a copy of the seizure record sent home with the child

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(SAP continued) (CONTINUED →)

Student's Understanding of & Ability to Manage Disorder:_____

Special Instructions (for First Responders & Emerg. Dpt.):_____

_____

Important Medical History:_____

_____

FIRST AID FOR ANY SEIZURE:

- STAY calm, keep calm, begin timing seizure
- Keep me SAFE - remove harmful objects, don't restrain, protect the head
- SIDE - turn on side if not awake, keep airway clear, don't put objects in mouth
- STAY until recovered from the seizure
- Swipe magnet for VNS
- Write down what happens
- Other: _____

WHEN TO CALL 911:

- Seizure with loss of consciousness > 5 minutes, not responding to rescue meds. if available
- Repeated seizures longer > 10 minutes, no recovery between them, not responding to rescue meds. if available
- Difficulty breathing after seizure
- Serious injury occurs or suspected, seizure in water

WHEN TO CALL YOUR PROVIDER FIRST:

- Change in seizure type, number, or pattern
- Person does not return to usual behavior (i.e., confused for a long period)
- 1st time seizure that stops on its' own
- Other medical problems or pregnancy need to be checked

▢ **If the student rides a BC school bus, transportation as well as the student's bus driver must be notified of the student's SAP and have his/her emergency contact numbers and prescribed emergency medication available on the bus.**

Bus Driver's Name: _____

Trained by: _____ **Date of Education: _____**

Parent/Guardian signature indicates acknowledgement and release for sharing medical information between our student's physician and other health care providers and authorizing the designated school nurse to share medical information with other school employees as necessary.

Parent/Guardian Signature:_____ Date:_____

Healthcare Provider Signature:_____ Date:_____