المدرسة العالمية الأمريكية
UNIVERSAL AMERICAN SCHOOL
Al-Futtaim Education Foundation

Student Picture

# SEIZURE ACTION PLAN FOR SCHOOL

Student Name _____Date of Birth _____
School _____Teacher_____
Physician _____Phone:_____

**EMERGENCY CONTACTS:**

| Name | Relationship | Mobile No. | Home No. | Work No. |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

Type of seizure: _____

What does the seizure look like and how long does it usually last? _____
_____

Possible triggers that should be avoided: _____
_____

Is the student allowed to participate in physical education and other activities? _____Yes _____No
Explain: _____

**ARE MEDICATIONS NEEDED TO CONTROL THE SEIZURES? _____No ____Yes** (List below the medications needed)

| MEDICATION | AMOUNT TAKEN | HOW OFTEN AND FOR WHAT SIGNS |
|---|---|---|
| 1._____ | _____ | _____ |
| 2._____ | _____ | _____ |
| 3._____ | _____ | _____ |

**List of medication needed at school (name, dosage/route, and frequency)** _____
_____
_____

**IF GENERALIZED SEIZURE OCCURS:**

1. If falling, assist student to floor, turn to side to keep airway clear.
2. Loosen clothing at neck and waist; protect head from injury.
3. Clear away furniture and other objects from area.
4. Call 999 if
    - Seizure last more than 5 minute or another seizure starts right after.
    - Loss of consciousness
    - Stop breathing
    - If student has Diabetes Mellitus
    - If student has never had seizure before

5. Allow seizure to run its course; DO NOT restrain or insert anything into student's mouth. Do not try to stop purposeless behavior.
6. During a general or grand mal seizure expect to see pale or bluish discoloration of the skin or lips. Expect to hear noisy breathing.

**Signature of Parent/Guardian: _____ Date: _____**

**Signature of Doctor: _____ Date: _____**