



Dallastown Area School District

Ore Valley Elementary School
2620 Springwood Road
York, Pennsylvania 17402
(717) 505-5051 - Telephone
(866) 828-9504 Facsimile

SEIZURE EMERGENCY ACTION PLAN

Student Name _____ DOB _____ Grade _____ Teacher _____

Preferred Hospital _____

Known Allergies _____

Additional Health Problems _____

Current Daily Medications to Control Seizures (medication/dosage/frequency):

1. _____
2. _____
3. _____

Concurrent Medications _____

Seizure Classification/Appearance: _____

Seizure Frequency: _____

Date of First Seizure/Diagnosis: _____

Date of Last Known Seizure: _____

TREATMENT (to be completed by physician):

- **First Aid for Seizures**
 1. Keep safe
 2. Do not restrain
 3. Do not leave alone
 4. Time the event
 5. If convulsive seizure, place in side-lying position, loosen clothing around neck, DO NOT insert anything into mouth
 6. Call 911 if: _____
- **Medication for Seizure Emergencies:**
 - Does not apply
 - Administer (medication/dosage/route) _____
 - For seizure lasting longer than _____ minutes
 - For _____ or more serial seizures without return to baseline between seizures
- **Other Treatment**
 - _____

EMERGENCY CALLS

1. If indicated, Call 911. State that a seizure emergency has been treated.
2. Parent/Guardian _____ Phone Number(s) _____
3. Emergency contact(s)
Name/relation _____ Phone number(s) _____
 - a. _____
 - b. _____
4. Notify administration.

Students receiving emergency medication should be transported to the hospital by ambulance. A staff member should accompany the student to the emergency room if the parent, guardian, or emergency contact is not present.

Healthcare Provider Signature _____ Phone Number _____ Date _____

Parent/Guardian Signature _____ Date _____

*For students with well-controlled seizures, emergency medications will be sent along on field trips and 911 will be called in the event of an emergency for administration. Seizure Emergency Action Plan must be renewed/reviewed annually. Forms must be dated July 1 or later. Emergency medications must be picked up by a parent/guardian by the last day of school each year.

CSN Reviewed (Initials/Date) _____

7/2015