CHEROKEE COUNTY SCHOOL DISTRICT
SEIZURE ACTION PLAN

STUDENT _____ D.O.B. _____

SCHOOL _____ PHONE NUMBER _____

TEACHER _____ GRADE _____

EMERGENCY CONTACTS: PHONE NUMBERS:

_____ _____

_____ _____

DIAGNOSIS _____

SEIZURE HISTORY _____

CURRENT MEDICATIONS_____

Is Diastat or Intranasal Versed prescribed for this patient that may significantly alter vital signs or level of consciousness? ____ Yes ____ No

If yes, such medications will be administered by the licensed school nurse or the E.M.S. personnel *only*!! If Diastat or Versed is given at school by the school nurse, then emergency personnel (911) will be activated.

Is it necessary for this student to carry Diastat or Versed on his/her person? ___Yes ___No

VNS Magnet Orders ____ Yes ____ No

If yes, specific VNS Magnet orders _____

Please check one: ____ Car rider ____ Bus rider

STEPS TO TAKE DURING A SEIZURE

- **Protect student from injuries, falls and nearby hazards**
- **Protect head**
- **Do not restrain the student or put anything in the student's mouth during a seizure.**
- **Loosen clothing around student's neck.**
- **Turn the student on their side to keep airway clear**

I, _____, authorize the physician's office to release confidential information about my child.

_____ _____
Parent / Legal Guardian's Signature Date

_____ _____
Physician's Signature Date

_____ _____
Physician's Printed Name Physician's Phone Number

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NURSE USE ONLY:

Bus No. _____ Bus Driver _____ Date Driver Notified _____

Location of Emergency Medication _____