



**ABSENCE or PARTIAL SEIZURE PROTOCOL**

\_\_\_\_\_  
*Student's Name / School / Grade*

Type of seizure student has: \_\_\_\_\_

***Definitions:***

*Absence Seizure: short period of "blinking out" or staring into space. May include blinking, chewing, or hand gestures.*

*Partial Seizure: Change in muscle activity. May have abnormal jerking of a finger or stiffening of part of the body. May walk around or perform aimless activities.*

The following procedure will be followed when a child experiences an absence or partial seizure in school:

- 1. Do not restrain child**
- 2. Protect child from injury**
- 3. Report to parent immediately or send note home to parent. (CIRCLE ONE)**

Parent's home number: \_\_\_\_\_

Parent's work number: \_\_\_\_\_

Emergency contact: \_\_\_\_\_  
*Name / Phone*

- 4. Allow rest and reorient self/return to class.**

\_\_\_\_\_  
Parent's Signature / Date

\_\_\_\_\_  
School Administrator's Signature / Date

**By signing this form, authorization is hereby granted to release this information to appropriate school or bus personnel and classroom teachers as needed.**