



**PROCEDURE FOR CHILD WITH SEIZURES**

\_\_\_\_\_  
*Student's Name*

\_\_\_\_\_  
*/ School*

The following procedure will be followed when a child experiences seizure activity in school:

**1. Child should never be left alone.**

\*Send someone to get another adult.

\*Contact parent immediately. If unable to reach parent, notify emergency contact person:

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

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

Emergency contact: \_\_\_\_\_

*Name*

*/ Phone*

**2. Loosen all restrictive clothing around neck and waist.**

\*Turn head to one side if possible, to prevent choking on saliva.

\*Do not insert anything in child's mouth.

\*Place soft object under head.

**3. Observe and record the seizure.**

\*Length of time seizure started and when it stopped.

\*Any movements of body parts, separate or all extremities involved -  
(any jerking or continuous movement).

\*Any incontinence of stool or urine.

**4. Call ambulance 911 if:**

\* Seizure lasts longer than 5 minutes.

\* Parent or emergency contact cannot be reached.

\* If diastat is available for child, call 911 immediately (Ambulance personnel will administer diastat)

**5. Allow child to rest after seizure occurs.**

\_\_\_\_\_  
Parent's Signature

/

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Administrator's Signature

/

\_\_\_\_\_  
Date