



SEIZURE PROTOCOL

Student's Name / School / Grade

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.

5. Allow child to rest after seizure occurs.

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.