



**Public Health**  
Prevent. Promote. Protect.

# Board of Health Sidney-Shelby County

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## SEIZURE ACTION PLAN

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Other family contact: (if unable to reach parents) \_\_\_\_\_ phone #: \_\_\_\_\_

Physician/Specialist Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parents/Guardian:

According to our records you have informed the school that your child has had seizures in the past. Please complete the information below. This will help school staff to know more about how your child reacts to his/her medical condition and the best way to protect the health and safety of your child while at school.

Please return this form to the public health/school nurse to add to your child's confidential health record. The nurse will inform all appropriate school staff regarding this information.

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Is your child able to know when a seizure may occur? \_\_\_\_\_ How? \_\_\_\_\_

How long does a normal seizure last? \_\_\_\_\_

How does your child react after a seizure? \_\_\_\_\_

At what point would you want 911 to be called? \_\_\_\_\_

Please list the medications your child takes for seizures (daily medications and as needed).

	<u>Name of medication</u>	<u>Dose</u>	<u>Frequency</u>
(In school)	_____		
	_____		

(At home)	_____		
	_____		

Student's name: \_\_\_\_\_

Side effects from medication your child may experience:

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Please list in order the names and phone numbers of the people to contact in the event your child has a seizure in school.

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**You will be notified by either the school nurse or designated school personnel when your child has a seizure.**

Please contact the public health/school nurse if you have any questions or if your child's medical condition changes during the school year. Thank you for your cooperation and help in providing the best care for your child.

Revised: 11/12

Reviewed: 2/15

Revised 2/5/16