

Seizure Action Plan

Fill this in with the person's doctor. Give a copy to anyone who spends time with them: school, work, coaches, family, sitters.

NAME

DATE OF BIRTH

PARENT / GUARDIAN / EMERGENCY CONTACT

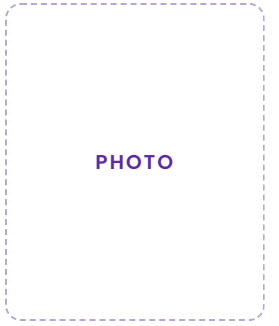
PHONE

SECOND CONTACT

PHONE

DOCTOR / NEUROLOGIST

PHONE



PHOTO

Their seizures

TYPE	WHAT IT LOOKS LIKE	HOW LONG	HOW OFTEN

KNOWN TRIGGERS

WARNING SIGNS BEFORE A SEIZURE

Daily medication

MEDICATION	DOSE	WHEN TAKEN	NOTES / SIDE EFFECTS

During a seizure

Stay.

Stay with them. Time the seizure. Keep calm.

Safe.

Clear the space. Cushion the head. Loosen the neck.

Side.

Turn them onto their side, mouth toward the ground.

Call 911 if

- The seizure lasts longer than 5 minutes.
- Another seizure starts soon after the first.
- They have trouble breathing or waking up afterward.
- They were injured during the seizure.
- The seizure happens in water.
- It is their first seizure.
- They are pregnant, or have diabetes and lose consciousness.

For this person, also call 911 if

Rescue medication (only if prescribed)

NAME AND DOSE

HOW TO GIVE IT

GIVE IT WHEN

WHERE IT IS KEPT

After the seizure

What do they usually need afterward? (Rest, a quiet space, someone to stay, a call home, back to class or work?)

Signatures

PERSON / PARENT OR GUARDIAN

DATE

DOCTOR (OPTIONAL)

DATE
