

A student in your care has epilepsy.

This page takes a few minutes to read. Their family should also give you their personal seizure action plan. If it differs from this page, **follow their plan**.

Not every seizure looks like a seizure

- **Staring spells** of a few seconds can look like daydreaming or not paying attention.
- **Confusion, lip smacking, or fumbling** can look like odd behavior.
- **Sudden jerks or drops** can look like clumsiness.
- **Convulsions** are the kind most people picture, but not the most common kind for everyone.

If a student often "zones out," tell the family what you saw and when. It can matter to their doctor.

After a seizure

- They may be tired, confused, or embarrassed. That is normal.
- Give them a quiet place to rest and someone to stay with them.
- Tell the family the same day: time, length, what you saw.
- Never treat a seizure as misbehavior.
- Other students may be scared. Calm, simple facts help most.

During a seizure: Stay. Safe. Side.

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.

Never

- Do not hold them down or try to stop their movements.
- Do not put anything in their mouth. It is impossible to swallow your tongue.
- Do not give mouth-to-mouth breaths during the seizure.
- Do not give food or water until they are fully alert.

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.

STUDENT

FAMILY CONTACT AND PHONE