

## Brenham ISD Athletic Training Seizure Action Plan

Student Name (Nombre): \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Guardian (Padre/Tutor): \_\_\_\_\_ Phone (Teléfono) \_\_\_\_\_

Parent/Guardian (Padre/Tutor): \_\_\_\_\_ Phone (Teléfono) \_\_\_\_\_

Emergency Phone Contact (Telefónico)

#1 \_\_\_\_\_

Name (Nombre)	Relationship (Parentesco)	Phone (Teléfono)
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#2 \_\_\_\_\_

Name (Nombre)	Relationship (Parentesco)	Phone (Teléfono)
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\*\*\*\*\*Physician use only\*\*\*\*\*

Physician Name (Nombre): \_\_\_\_\_ Phone(Teléfono) \_\_\_\_\_

Address (Dirección): \_\_\_\_\_

Notify parents/guardian or emergency contact in the following situations:

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**THIS STUDENT IS BEING TREATED FOR A SEIZURE DISORDER. THE INFORMATION BELOW SHOULD ASSIST YOU IF A SEIZURE OCCURS DURING SCHOOL HOURS.**

**Seizure Information:**

<i>Seizure Type</i>	<i>Length</i>	<i>Frequency</i>	<i>Description</i>

Seizure triggers or warning signs: \_\_\_\_\_

Student's reaction to seizure: \_\_\_\_\_

**Basic First Aid: Care and Comfort (*Please describe basic first aid procedures*):**

Does student need to leave the classroom after a seizure (circle one)?    YES    NO

If YES, describe process for returning student to classroom:

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**Brenham ISD Athletic Training**  
**Seizure Action Plan**

**Emergency Response**

A "seizure emergency" for this student is defined as:

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*Seizure Emergency Protocol: (Check all that apply and clarify below)*

- Contact school nurse at \_\_\_\_\_
- Call 911 for transport to \_\_\_\_\_
- Notify parent or emergency contact
- Notify doctor
- Administer emergency medications as indicated below
- Other

Treatment Protocol During School Hours (include daily and emergency medications):

Daily Medication	Dosage & Time of Day Given	Common Side Effects & Special Instructions

Emergency/Rescue Medication: \_\_\_\_\_

**Does student have a Vagus Nerve Stimulator (VNS)? YES NO**

If YES, Describe magnet use: \_\_\_\_\_

*Special Considerations and Safety Precautions (regarding school activities, sports, trips, etc.)*

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

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_