

Mariemont City Schools

Seizure Action Plan

Student Information	
Student Name: _____	DOB: _____
Building: _____	Grade: _____ Bus #: _____

IF YOU SEE THIS	DO THIS
1. Student having a seizure:	Ease child to the floor
	Note time the seizure began and start timer
	Clear area of any objects that could injure child
	Roll student on their side if possible/do not restrain in anyway
2. Seizure lasting 5 minutes:	Place flat, soft padding under child's head, if possible
	Do not attempt to reach into child's mouth or place anything in child's mouth
	Call office - office to call parents
	Administer Diastat per orders
	OFFICE CALLS 911

Parent Information:

Name _____	Name _____
Cell No. _____	Cell No. _____

Physician: _____
Phone No. _____

Staff Members trained to respond:

1. _____ 2. _____

Date: _____ Parent/Guardian Signature: _____

Date: _____ Nurse's Signature: _____