



Polk County Schools
School Health Services

Seizure Disorder/Epilepsy – Action Plan
Elementary School

Date Plan Effective: _____ to end of current school year

Parent to complete:

Name:		Date of Birth:	
School/Grade:		Room/Teacher:	
Parent/Guardian:			
Mother's Phone:	Home:	Work:	Cell:
Father's Phone:	Home:	Work:	Cell:
Health Care Provider:		Phone:	Fax:
Brief history of diagnosis:			
Type of Seizures:			
How does student behave before a seizure:			
How does student behave during a seizure:			
How does student behave after a seizure:			
Recent hospitalizations:			
Concurrent illness or disability:			

Main symptoms – Seizure can vary from barely perceptible absence seizure lasting a few seconds to a full blown grand mal seizure in which the persons loses consciousness and falls to the ground with spasmodic jerking of the entire body. (Check all the Apply)

- Episodes of staring or unexplained periods of unresponsiveness, may drop an object being held or may stumble momentarily
- Involuntary movements of arms and legs
- "Fainting spells" with loss of bladder or bowel control and /or followed by excessive fatigue
- Odd sounds, distorted perceptions, episodic feelings of fear that cannot be explained
- Automatic movements like lip smacking, roaming, and non-goal oriented activity
- Muscles tense, body rigid, followed by a temporary loss of consciousness and violent shaking of the entire body
- Other: _____

Physician Signature: _____ Date: _____

Parent Signature: _____ Date: _____

School Nurse Signature: _____ Date: _____