**Individual Information:**

1. **Name of Individual:**
   * Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   * First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   * Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Emergency Contacts:**
   * a. **Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
     + Relationship to Individual: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
     + Phone (Primary): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
     + Phone (Alternate): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   * b. **Emergency Contact (Other): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
     + Relationship to Individual: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
     + Phone (Primary): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
     + Phone (Alternate): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Seizure Information:**

1. **Type of Seizures:**
   * Generalized Tonic-Clonic (Grand Mal)
   * Absence (Petit Mal)
   * Focal Onset Aware
   * Focal Onset Impaired Awareness
   * Other (Specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Seizure Triggers (if known): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
3. **Usual Duration of Seizures: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
4. **Rescue Medication (if prescribed):**
   * Yes
   * No
   * a. **Medication Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
   * b. **Dosage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
   * c. **Administration Instructions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Seizure Management:**

1. **When to Seek Medical Attention:**
   * Seizure lasts longer than \_\_\_\_\_ minutes.
   * Multiple seizures in a short period.
2. **Postictal Care:**
   * Remain with the individual until fully alert.
   * Move to a quiet, safe environment.
   * Allow time for recovery.

**School/Workplace Instructions:**

1. **Communication Plan:**
   * Notify parent/guardian after any seizure.
   * Provide updates on seizure frequency and changes.
2. **Support and Accommodations:**

* Modify seating arrangement, if necessary.
* Allow extra time for assignments, if applicable.
* Provide a quiet space for breaks, if needed.

**Emergency Response:**

1. **Seizure Action Steps:**

* a. **Stay Calm.**
* b. **Clear the Area of Hazards.**
* c. **Place Individual on Their Side.**
* d. **Time the Seizure Duration.**
* e. **After Seizure, Offer Reassurance.**

1. **Emergency Services Contact:**

* Call emergency services if:
  + Seizure lasts longer than \_\_\_\_\_ minutes.
  + Individual has difficulty breathing.
  + Injury occurs during the seizure.

**Parent/Guardian Consent:**

I have reviewed and understand the Seizure Action Plan. I agree to inform the school/workplace of any changes in my child's/seizure's condition.

**Parent/Guardian Name (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**