

# Four Seasons Daycare

## Seizure Action Plan

*The child below is being treated for a Seizure Disorder. The following information will assist the center in caring for this child and outlines Four Seasons' protocol in the event of a seizure based on the recommendations of the child's parents/guardians, and the child's physician. This information will be shared with Emergency Medical Personnel as needed.*

**Child's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Diagnosed Seizure Disorder:** \_\_\_\_\_

**Effective Date of Plan:** \_\_\_\_\_

### History of Seizures:

Date of Seizure	Type of Seizure	Brief Description

**Please state known triggers or warning signs that may help us recognize your child's seizure.**


### Basic First Aid Procedures Four Seasons will follow:

1. Stay calm and track time
2. Keep child safe
3. Do not restrain
4. Do not put anything in child's mouth
5. Stay with child until fully conscious
6. Record pertinent information regarding seizure
7. Call parent
8. Call 911 if seizure lasts more than 5 minutes, child has repeated seizures, student is injured, student is having difficulty breathing or Four Seasons deems it is medically necessary.

### Additional First Aid Protocol Treating Physician/Parents recommend Four Seasons follow:


### Treatment Protocol

Medication Name	Dosage	Times to Administer	Special Instructions

*Parent and physician must also complete a long-term medication form for each medication in treatment protocol.*

**Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Physician's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*This action plan will be in effect for one year or until the treatment protocol changes, whichever occurs first. It is the responsibility of the child's parents/guardians to notify Four Seasons of any changes to the child's treatment and to update this plan as needed.*