

[District Name] Board of Education Policy

Seizure Safety and Response

I. Purpose

The purpose of this policy is to ensure that each school provides a safe environment for students diagnosed with seizure disorders and is designed to protect the health and safety of students while supporting school personnel through clear procedures, defined responsibilities, and legal protections. This policy establishes procedures for the development and implementation of seizure action plans, training requirements for staff, and the administration of seizure rescue medication.

II. Definitions

A. Seizure Action Plan:

A written, individualized health plan designed to acknowledge and prepare for the healthcare needs of a student diagnosed with a seizure disorder.

B. Seizure Rescue Medication:

Any medication prescribed by a healthcare provider and approved by the U.S. Food and Drug Administration for the treatment of seizure disorder symptoms.

C. Trained Employee:

A school employee who has successfully completed a training program on seizure recognition, response, and medication administration consistent with guidelines from the Epilepsy Foundation of America or its successor organization.

III. Policy Statement

It is the policy of the [District Name] Board of Education to ensure that all students with seizure disorders are provided safe, informed, and supportive care while at school or participating in school-sponsored activities. Each school site with an enrolled student diagnosed with a seizure disorder shall have at least one employee trained that can administer or assist with the self-administration of seizure rescue medication; and recognize signs and symptoms of seizures and take appropriate responsive action.

IV. Seizure Action Plan Requirements

Before seizure rescue medication may be administered, the student's parent or legal guardian must provide the school with:

A. Written Authorization for medication administration at school;

B. A Written Statement from the Student's Healthcare Provider including:

1. Student's name;
2. Name and purpose of the medication;
3. Prescribed dosage;
4. Route of administration;
5. Frequency and circumstances of administration;

C. Medication in its original, unopened, sealed package with the pharmacy label intact; and

D. A Seizure Action Plan, developed collaboratively with school personnel, that outlines specific care procedures.

All documents shall be filed in the school nurse's or administrator's office and distributed to personnel or volunteers responsible for the student's supervision.

V. Notification

To ensure all relevant personnel are informed and prepared to respond appropriately to a student experiencing a seizure, the following procedures shall be implemented:

- A. The principal or school nurse shall distribute copies of each student's seizure action plan and medication authorization to all school personnel or volunteers responsible for the supervision, transportation, or care of the student during the school day and at school-sponsored activities.
- B. Copies of the seizure action plan shall be placed in readily accessible locations, including the school health office and the student's classroom, while maintaining confidentiality standards.
- C. The principal or designee shall ensure all substitute teachers and activity sponsors are made aware of any student-specific seizure care instructions prior to assuming responsibility for that student.
- D. The parent or guardian shall be notified promptly following any seizure episode requiring staff response or medication administration.

VI. Recordkeeping and Confidentiality

- A. All seizure-related documentation including written authorizations, healthcare provider statements, and seizure action plans shall be maintained in the student's confidential health file within the school office or nurse's office.
- B. Access to these documents shall be restricted to school personnel with a legitimate educational interest or those directly responsible for implementing the student's seizure action plan.
- C. Records shall be maintained in accordance with the Family Educational Rights and Privacy Act (FERPA) and any applicable state student record privacy requirements.
- D. The school nurse or designated administrator shall ensure that records are reviewed and updated annually or upon receipt of new medical information.
- E. Expired or superseded seizure plans and authorizations shall be securely archived or destroyed following district record retention procedures.

VII. Staff Training

- A. Each school shall ensure at least one employee is trained annually in seizure recognition, response, and medication administration.
- B. Training programs must align with or be consistent with guidelines developed by the Epilepsy Foundation of America.
- C. Districts may use any adequate and appropriate training program consistent with these guidelines.
- D. Training completion shall be documented and maintained by the district.

VIII. Storage and Administration

- A. Seizure rescue medications shall be stored in a secure but accessible location known to trained staff.
- B. Trained employees may administer or assist in administering medication according to the student's seizure action plan.
- C. Following any seizure event requiring medication, the parent or guardian must be notified as soon as possible.
- D. 911 shall be called for any life-threatening seizure activity or per the student's action plan.

IX. Field Trips and Extracurricular Activities

A trained employee must be designated to accompany the student on field trips or off-campus events when seizure rescue medication may be required. The seizure action plan shall accompany the student at all times during school-sponsored activities.

X. Implementation and Review

This policy shall be reviewed and updated annually. The [District Name] shall adopt and implement, at a minimum, the provisions of the model policy created by the Oklahoma State Board of Education.

XI. Liability Protection

The [District Name], its employees, and agents shall not be held liable for any injury unless their actions constitute reckless or intentional misconduct. This protection extends to situations in which medication is administered, not administered, or self-administered, provided the action or inaction is based on the good-faith judgment of authorized personnel.

XII. Legal Authority

This [District Name] board of education policy is aligned with the *Seizure Safe Schools Act* codified as [Title 70 O.S. § 1210.183](#).

Approved by the [District Name] Board of Education on [Insert Date].

Board President: _____

Superintendent: _____

Legal Reference: [Title 70 O.S. § 1210.183](#).

Appendices (Optional)

Districts may include supporting forms or templates, such as:

- Parent/Guardian Authorization Form
- Seizure Action Plan Template
- Medication Administration Record

[District Name] Public Schools

Seizure Action Plan (SAP)

Required under Title 70 O.S. § 1210.183 – Seizure-Safe Schools Act

STUDENT INFORMATION

Student Name: _____

Grade: _____

Date of Birth: _____

School: _____

Teacher/Homeroom: _____

Parent/Guardian Name: _____

Primary Phone: _____

Alternate Phone: _____

Emergency Contact (if parent is not available): _____

Emergency Contact Phone: _____

HEALTHCARE PROVIDER INFORMATION

Physician Provider Name: _____

Physician Phone: _____

Clinic/Hospital: _____

Email: _____

SEIZURE INFORMATION

Type of Seizure(s): _____

Average duration: _____

Frequency: _____

Date of last seizure: _____

Common triggers (if known): _____

Typical signs/symptoms before a seizure (aura): _____

Description of typical seizure activity: _____

SEIZURE RESPONSE

During a Seizure: (Check all that apply)

- ☐ Stay calm and note the time seizure begins.
- ☐ Protect from injury (remove harmful objects nearby).
- ☐ Do not restrain student.
- ☐ Do not place anything in mouth.
- ☐ Place student on their side if possible.
- ☐ Monitor breathing and pulse.
- ☐ Allow seizure to end naturally.
- ☐ Other instructions (describe): _____

EMERGENCY RESPONSE

Call 911 if:

- Seizure lasts longer than ____ minutes (per physician instructions),
- Student has repeated seizures without regaining consciousness,
- Student has difficulty breathing or color change,
- Student is injured, or
- You are unsure of the appropriate response.

Notify parent/guardian immediately after emergency action.

SEIZURE RESCUE MEDICATION

Medication Name: _____

Purpose: _____

Prescribed Dosage: _____

Route of Administration:

- ☐ Oral
- ☐ Nasal
- ☐ Buccal
- ☐ Other: _____

Time/Frequency of Administration: _____

Circumstances for Administration: _____

Side Effects/Special Instructions: _____

Medication Storage Location: _____

Trained Staff Authorized to Administer: _____

AFTER A SEIZURE

Post-Seizure Care Instructions: _____

When to call parent/guardian:

☐ After every seizure

☐ Only if rescue medication given

☐ Other _____

When student may return to class:

☐ Immediately

☐ After nurse evaluation

☐ Other _____

TRANSPORTATION PLAN

Bus Rider: ☐ Yes ☐ No

If yes, describe any transportation-specific precautions or instructions for drivers/aides:

SCHOOL STAFF TRAINING & DISTRIBUTION

☐ Nurse has trained designated personnel in seizure recognition and response.

Copies of this plan have been provided to:

☐ Teacher(s)

☐ Office Staff

☐ Transportation Staff

☐ Coaches/Extracurricular Sponsors

☐ Substitute Folder

AUTHORIZATIONS

Parent/Guardian Authorization: I authorize school personnel who have completed the required seizure training to assist or administer seizure rescue medication as outlined above.

Parent/Guardian Signature: _____ Date: _____

Physician/Healthcare Provider Authorization: I verify that the above information is accurate and that the listed medication and procedures are prescribed for this student.

Provider Signature: _____ Date: _____

School Nurse/Administrator Verification: I acknowledge receipt and review of this plan and confirm distribution to appropriate staff.

Signature: _____ Date: _____

REVIEW AND RENEWAL

This plan is valid for the current school year and must be renewed annually or upon any change in medication, dosage, or treatment plan.

Annual Review Date: _____

Updated Copies Distributed: ☐ Yes ☐ No