



First aid

- Note** time of seizure onset.
- Call** an ambulance immediately if you suspect breathing difficulty or injury.
- Call** an ambulance if seizure activity continues for 3 minutes (child), 5 minutes (adult).
- Protect** from injury.
- Do not** restrict movement but remove objects which may cause harm.
- Do not** attempt to put anything in the mouth.
- Monitor** the airway: support the jaw to keep the airway open, if needed.
- Roll gently** onto side (recovery position) as soon as able. If the person is in a wheelchair, make them comfortable in the chair.
- Observe and maintain** **A**irway **B**reathing **C**irculation (**ABC**) during recovery.

Child/student needs

Please provide comment on the child's/student's emotional response to his or her seizure activity and how best to support him or her during and after a seizure.

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Additional information attached to this care plan

- Medication plan (if supervision of medication is recommended at school/preschool/child care)
- Individual emergency plan (if different to standard first aid-see model over page)
- Observation/seizure log for completion by staff (please specify how frequently this is requested)

- General information about this child's/student's condition
- Other (please specify)

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AUTHORISATION AND RELEASE

Medical practitioner Professional role

Address

..... Telephone

Signature Date

***I have read, understood and agreed with this plan and any attachments indicated above.
I approve the release of this information to education/childcare staff and emergency medical personnel.***

Parent/guardian
or adult student Signature Date

Family name (please print) First name (please print)