

EPILEPSY DATA & ADVOCACY NETWORK

Seizure-Safe Schools

A free drop-in packet for Minnesota school districts

Everything in this packet is free to copy, adapt, and use. It helps a district meet Minnesota's seizure-safety law ([Minn. Stat. 121A.24](#)) with ready-to-use materials, and points to free state and Epilepsy Foundation resources rather than duplicating them.

What's inside

1. Adoption checklist
2. Seizure Action Plan (SAP) template
3. Drop-in Policy 516 language (cites 121A.24)
4. Printable seizure first-aid poster
5. Seizure observation log

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Informational only; not legal or medical advice. A student's seizure care must be set by their licensed healthcare provider. In an emergency, call 911.

Why this packet, and an adoption checklist

Minnesota law (Minn. Stat. 121A.24, in effect since the 2022-23 school year) asks every public and charter school to have a **seizure action plan** for students with a diagnosed seizure disorder and to **train staff** to recognize and respond, including giving rescue medication when a plan directs it. This packet makes adoption quick.

Adoption checklist

- Post a SAP form.** Put the template (or the official Epilepsy Foundation of Minnesota form) on your health-services web page so families can find and complete it. Offer translations.
- Update Policy 516.** Add the drop-in seizure language so your medication policy reflects 121A.24. Route it through your normal board-review cycle.
- Name a trained person per building.** Identify the nurse or a designated staff member at each site who can respond and, if a plan directs, give rescue medication.
- Assign free training.** Send staff and nurses the free, on-demand courses below; track completion (the MDH Training Validation Tool helps).
- Print the poster.** Post seizure first aid in each health office and staff room.

Free resources this packet relies on (all no-cost)

- Epilepsy Foundation of Minnesota, Seizure Smart trainings + multilingual SAP templates: epilepsyfoundationmn.org/get-support/seizure-smart-trainings/
- National Epilepsy Foundation training (nurse + school personnel): epilepsy.com/programs/training-education
- MN Dept. of Health "Managing Seizures in School" toolkit + checklist: health.state.mn.us/people/childreneyouth/schoolhealth/hco/seizures.html
- CDC Guidance for Schools: cdc.gov/epilepsy/php/guidance-for-schools/index.html

Seizure Action Plan (SAP) template

Completed by the family with the student's licensed healthcare provider, then filed with the school nurse/principal and shared with staff who work with the student. For official ready-made forms, including Spanish, Hmong, and Somali, see the Epilepsy Foundation of Minnesota (linked on the checklist page).

Medical details come from the provider. Do not fill in medications, doses, or what counts as an emergency generically. The school's role is to follow the provider-directed plan.

Student information

Student name: _____ Date of birth: _____

School / building: _____ Grade: _____

Parent/guardian: _____ Phone: _____

Emergency contact: _____ Phone: _____

Healthcare provider / clinic: _____ Phone: _____

This student's seizures (with provider)

Seizure type(s): _____

What they usually look like: _____

Typical length: _____ Known triggers: _____

What the student is like afterward: _____

What staff should do during a seizure

1. Stay calm; note the start time.
2. Keep the student safe: move hard objects away; do not restrain.
3. Gently turn the student onto their side; cushion the head; loosen anything tight at the neck.
4. Do NOT put anything in the mouth.
5. Stay with the student and reassure them until fully aware.

When is it an emergency for THIS student? (with provider)

Call 911 if a convulsive seizure lasts longer than _____ minutes (commonly 5).

Other provider-specified emergency: _____

Rescue medication (only if prescribed, with provider)

Medication: _____ Dose: _____ Route: _____

Give when: _____

Who is trained/authorized to give it: _____

After giving, call 911? (per provider): _____ Storage location: _____

Signatures & review

Parent/guardian: _____ Date: _____

Healthcare provider: _____ Date: _____

School nurse / designee: _____ Date: _____

Review date (at least annually or when the plan changes): _____

Drop-in policy language (for MSBA Policy 516, Student Medication)

Many districts' Policy 516 covers epinephrine and asthma but never mentions seizures. The language below adds an explicit seizure section reflecting Minn. Stat. 121A.24. Adapt to your format and route it through your normal board review; confirm current MSBA model wording with your policy service before adopting. Sample language, not legal advice.

Suggested addition: Seizure Action Plans and Seizure Rescue Medication (Minn. Stat. 121A.24)

1. **Seizure action plan.** When a parent/guardian notifies the school that a student has a seizure disorder diagnosed by a licensed healthcare provider and has prescribed seizure rescue or treatment medication, the school will work with the family to establish a written, individualized seizure action plan.
2. **Designated trained individual at each site.** The plan will identify a licensed school nurse or, if one is not available, another designated individual at the student's school site, on duty during the regular school day, who can administer or assist with the self-administration of seizure rescue medication consistent with the plan.
3. **Training.** The identified individual will receive training on the student's medication, on recognizing the signs and symptoms of seizures, and on the appropriate steps to respond. The district will provide licensed school nurses (or a designated individual) and other staff who work with the student with materials on seizure recognition, symptoms, medications, and appropriate response.
4. **Distribution and filing.** A copy of the plan will be provided to the identified individual and filed in the office of the principal or licensed school nurse. Employees and volunteers who work with the student will be notified of the plan, given a copy, told the identity of the trained individual, and provided emergency contact information.
5. **Review.** The plan will be reviewed at least annually and updated when the student's needs or medications change.

Controlling law: Minn. Stat. 121A.24 (revisor.mn.gov/statutes/cite/121A.24). Cross-check against the current MSBA model Policy 516 before adopting.

SEIZURE FIRST AID

Stay calm. You can keep a student safe.

STAY

Stay with the student and TIME the seizure.
Keep others back; move hard objects away.

SAFE

Do NOT hold them down. Do NOT put anything
in the mouth. Cushion the head; loosen the collar.

SIDE

Gently turn them on their SIDE to help breathing.
Stay until fully awake; reassure them.

CALL 911 IF:

- A convulsive seizure lasts longer than 5 MINUTES
- Seizures REPEAT without waking up in between
- BREATHING is hard or does not return to normal
- It happens IN WATER, or there is an INJURY
- It is the student's FIRST seizure, or you are unsure

DO NOT

- ✗ Put anything in the mouth
- ✗ Restrain or hold the person down
- ✗ Give food or water until fully alert

Follow the student's Seizure Action Plan if one is on file.

Seizure Action Plans are kept with: _____

School nurse / health office: _____ Phone: _____

Free training: Epilepsy Foundation of Minnesota • epilepsyfoundationmn.org

Provided free by the Epilepsy Data & Advocacy Network (EDAN). Informational, not medical advice.

Printable seizure first-aid poster — post in each health office and staff room. Free to copy.

Seizure observation log

Keep copies in the health office and with the student's plan. Good notes help the nurse, family, and doctor. Share completed logs with the family the same day; keep on a need-to-know basis (FERPA).

Student: _____ Date: _____ Observed by: _____

Before

What was the student doing? _____

Any warning/aura? _____

Possible triggers (missed meds, sleep, illness, stress, hunger, lights, heat):

When

Time started: _____ Time ended: _____ Total duration: _____

During

Awareness / did the student respond? _____

Movements, and where they started (which side): _____

Muscle tone (stiff/limp/jerking); automatic movements (lip-smacking, picking):

Color/breathing changes; loss of bladder/bowel control: _____

After (postictal)

Responsiveness, orientation, weakness, mood, need to sleep, time to normal:

Response & follow-up

Rescue medication given? No / Yes — name: _____ dose: _____ time: _____ by:

Any injury? _____

911 called? No / Yes (time: _____) Notified: parent (time _____) nurse (time _____)

Call 911 if: a convulsive seizure lasts longer than 5 minutes; seizures repeat without recovery; breathing is difficult; it happens in water; there is injury; it is a first-ever seizure; or the student's seizure action plan says to.

Provided free by the Epilepsy Data & Advocacy Network (EDAN) · edanmn.github.io · edanmnorg@gmail.com
Questions or to request help: reach out anytime. Informational only; follow the student's seizure action plan and consult licensed providers.