SCHOOL SEIZURE LOG

School Year

Birthdate

																				Please print clearly using black ink or dark p	
School									Grade					Teacher						Form may be copied for parents and/or phys When form has been completed, please file student medical folder and begin a new reco	in
NOTE: there is	: Notify s any in	nurse if t	there t of br	is a ch eathin	nange ng or i	in t f stu	he d uder	dura nt co	tion, f intinu	req es t	uen o go	cy, o	or pa	atte out	rn of se of seizu	izure ıres.	activit Chec	ty. Ca k box	all 9-1-1 es belov	if seizure lasts longer than 5 minutes, it which best describes seizure activity.	:
			Body				Eyes			Skin)							ACTIONS TAKEN / COMMENTS	
Date	Time	Duration Min/Sec (use your watch)	Stiffening (Tonic)	Jerking (Clonic)	Limp (Tone Loss)	Rolled Back	Staring	Turn to Side	Pupil Change	Blue Lips	Grayish	Paler	Flushed	No Change	No Response to Verbal Stimuli	No Response to All Stimuli	Fell During Seizure	Incontinent of BM or Urine	Sleeping Afterwards (How Long)	(e.g. child's comments, sequence of symptoms, aura, illness, fever, injury, first aid, recent Rx change, parent / 911 called etc.)	Initials
Signatur	re	1	1	I	Initi	als	I			S	igna	ture			<u> </u>		1	Initi	als	1	1

Name of Student (Last, First, MI)