

## SEIZURE INFORMATION SHEET

Student's Name \_\_\_\_\_ Date Completed \_\_\_\_\_

**This student is being treated for a seizure disorder. The information below should assist you if a seizure occurs during class.**

Seizure type \_\_\_\_\_

Description of the seizure \_\_\_\_\_  
\_\_\_\_\_

Possible triggers \_\_\_\_\_

Average length of time it lasts \_\_\_\_\_

Average length of time until student can return to regular activities \_\_\_\_\_

Possible warning and/or behavior changes prior to the seizure \_\_\_\_\_  
\_\_\_\_\_

Average frequency \_\_\_\_\_

Usual time of day seizure occurs \_\_\_\_\_

Student's reaction to the seizure \_\_\_\_\_  
\_\_\_\_\_

First aid you should provide \_\_\_\_\_  
\_\_\_\_\_

**The student is receiving the following treatment to control the seizure(s):**

Name of medication \_\_\_\_\_ Name of medication \_\_\_\_\_

Amount and time given \_\_\_\_\_ Amount and time given \_\_\_\_\_

Amount and time given \_\_\_\_\_ Amount and time given \_\_\_\_\_

Possible side effects \_\_\_\_\_ Possible side effects \_\_\_\_\_

Possible side effects \_\_\_\_\_ Possible side effects \_\_\_\_\_

Other areas needing your attention \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have attached some additional information regarding this student's seizure type and treatment. If you have any questions, please do not hesitate to ask me. I am available from \_\_\_\_\_ to \_\_\_\_\_ on the following days \_\_\_\_\_

Otherwise, you can reach me at \_\_\_\_\_

School Nurse: \_\_\_\_\_