



SCHOOL SEIZURE LOG FORM

This log should be completed by child's school nurse and returned to parents/caregivers after a seizure
Please Duplicate as Needed

Purpose: A Seizure Log is used to track any pre-seizure activity, the number and duration of seizures and any post-seizure activity.

How to use: After being completed, a copy should be sent home for the parents'/caregiver's records.

Note: Use only one form per seizure. Duplicate as needed.

Student's name: _____ **Date of report:** _____

Event
Seizure start time: _____ Seizure end time: _____
DIASTAT® AcuDial™ Administration Time (if prescribed by physician): _____
VNS (vagal nerve stimulator) magnet (if prescribed by physician): _____
Other treatments (If prescribed by physician): _____ 911 called (if needed): YES/NO

Where was the child when seizure occurred?

Please include duration of symptoms:

Noteworthy behavior immediately preceding the seizure:

Description of seizure behavior:

Behavior after the seizure:

Were there any injuries? _____ Yes _____ No (If yes, describe): _____

After the Seizure

Check any side effects you may have observed and add relevant details:

Drowsiness	Slurred Speech	Irritability	Nausea	Confusion	Unsteady Walk	Inattention	Poor Memory
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Comments: _____

School nurse name: _____ **Signature:** _____ **Phone:** _____

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