

Seizure Information:

SEIZURE HISTORY

Student _____ Date of Birth _____ Date Completed _____

1. Seizure type _____

2. Describe the seizures _____

3. Average length of time seizure lasts _____

4. How often seizures occur _____

5. Describe student's behavior following a seizure _____

6. What will trigger a seizure? (missed medication, stress, photosensitivity, time of day, lack of sleep, menstruation, nutrition, fever, cold or virus, over the counter medications like benadryl or aspirin, low blood sugar, or other):

7. List any warning signs before the seizure _____

8. Please list any medications your child receives:

Name of medication _____ Dose/Time given _____

Name of medication _____ Dose/Time given _____

Name of medication _____ Dose/Time given _____

Name of medication _____ Dose/Time given _____

9. Physician's Name _____ Telephone # _____

Neurologist's Name _____ Telephone # _____

10. Age of onset _____

11. Date of last episode _____

12. Is there anything the teacher can do to assist in learning _____

13. How are the seizures treated _____

14. When would you like 911 called _____

15. Additional Comments: