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| **School seizure log** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Student name: | | | | | | Date of birth: | | | | | | | School year: | | | | | | Grade: | | | School: | | | Teacher: | | |
| **NOTE:** Notify the nurse if there is a change in the duration, frequency, or pattern of seizure activity. **Call 9-1-1** if the seizure lasts longer than 5 minutes, if there is any impairment of breathing, or if the student continues to go in and out of seizures. Check boxes below which best describes the seizure activity.  Please print clearly using black ink or a dark pencil. This form may be copied for the student’s parents or physician. File a copy of the form in the student's medical folder and then begin a new record. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date | Time | Duration  (minutes or seconds) | Body | | | | Eyes | | | Skin | | | | | | | No response to verbal stimuli | No response to all stimuli | | Fell during Seizure | Incontinent of BM or urine | | Sleeping afterwards  (how long) | **Actions taken/comments**  (child’s comments following seizure, sequence of symptoms, aura, illness, fever, injury, first aid, recent change in prescription, parent or 911 called, etc.) | | Initials |
| Stiffening (tonic) | Jerking (clonic) | Limp tone Loss) | | Rolled back | Staring | Turn to side | Pupil change | Blue lips | Grayish | | Paler | Flushed | No change |
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Signature of caregiver Initials Signature of caregiver Initials

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