CACHE COUNTY SCHOOL DISTRICT SEIZURE LOG

Student's Name: _____ **School:** _____ **School Year:** _____

SEIZURE CHARACTERISTICS

Remember to keep a log of the student's seizure activity. It serves as a record of the interventions and care you provided for the student during a seizure. It also may provide parents with important information to share with their child's Health Care Provider.

DATE	TIME	SEIZURE LENGTH	Provided attached CCSD Seizure Protocol	Stiff	Jerking/Single Jerk	Eyes roll	Skin Color Changes	Whole Body Involvement	One Side Involvement	Limp	Crying	Staring	Lip Smakcing	Repetitive movements	Breathing Stops	911 Called	Parent Called	Comments *See below	Signature

Comments: _____

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