Caregiver Notification Sheet

This sheet provides teachers and/or daycare staff with a history of your child’s seizures and emergency contact information.

This child has been diagnosed with a seizure disorder. Please refer to the following information if a seizure occurs while in your care.

Child’s Name:_____________________________  Date Completed:_______________

Type of Seizure(s) | Description*
---|---
□ Absence | • Staring  • Loss of awareness
□ Simple partial | • Remains conscious  • Involuntary rhythmic jerking/twitching on one side
| • Distorted sense of smell/hearing/sight
□ Complex partial | • Confused  • May appear fearful
| • Not fully responsive/unresponsive  • Purposeless, repetitive movements
□ Generalized tonic-clonic | • Convulsions  • Unconsciousness
| • Stiffening  • Confusion or weariness
| • Breathing may be shallow

* Child may experience some or all of the listed symptoms during a specific seizure.

Possible warning signs and/or behavior changes prior to the seizure________________________
________________________________________________________________________

Average frequency____________________________________________________________

Usual time of day seizure occurs__________________________________________________

Average length of time seizure lasts_______________________________________________

Other areas requiring your attention_______________________________________________

Emergency Contact Numbers

Parent/Guardian name________________________________ Phone_____________________

Physician name____________________________________ Phone_____________________