

# TSD Student Seizure Information

Date \_\_\_\_\_ Student Name \_\_\_\_\_  
DOB: \_\_\_\_\_ Gr: \_\_\_\_\_ Sch: \_\_\_\_\_ Teacher: \_\_\_\_\_  
Health Care Provider: \_\_\_\_\_ Phone: \_\_\_\_\_  
Medication(s): \_\_\_\_\_  
\_\_\_\_\_  
Recent Lab tests: \_\_\_\_\_

## Tonic Clonic (Grand Mal)

1. Age when diagnosed: \_\_\_\_\_
2. Frequency of seizures: \_\_\_\_\_
3. Triggers: \_\_\_\_\_  
\_\_\_\_\_
4. Aura or warning of seizure: \_\_\_\_\_  
\_\_\_\_\_
5. Description of seizure:
  - Starts quickly/gradually \_\_\_\_\_
  - Jerking/stiffening: whole body \_\_\_\_\_  
\_\_\_\_\_ part of body \_\_\_\_\_  
\_\_\_\_\_
  - Falls down \_\_\_\_\_
  - Loss of bladder/bowel \_\_\_\_\_
  - Length of typical seizure \_\_\_\_\_
  - Other \_\_\_\_\_
6. Behavior after seizure: \_\_\_\_\_  
\_\_\_\_\_
7. Length of time before able to return to regular activity \_\_\_\_\_

## Absence (Petit Mal)

1. Age when diagnosed: \_\_\_\_\_
2. Frequency of seizures: \_\_\_\_\_
3. Triggers: \_\_\_\_\_  
\_\_\_\_\_
4. Aura or warning of seizure: \_\_\_\_\_  
\_\_\_\_\_
5. Description of seizure:
  - Blank stare \_\_\_\_\_
  - Eye blinking \_\_\_\_\_
  - Chewing movements \_\_\_\_\_
  - Length of typical seizure \_\_\_\_\_
  - Other \_\_\_\_\_
6. Behavior after seizure: \_\_\_\_\_  
\_\_\_\_\_
7. Length of time before able to return to regular activity \_\_\_\_\_

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### Atonic (Drop)

1. Age when diagnosed: \_\_\_\_\_
2. Frequency of seizures: \_\_\_\_\_
3. Triggers: \_\_\_\_\_  
\_\_\_\_\_
4. Aura or warning of seizure: \_\_\_\_\_  
\_\_\_\_\_
5. Description of seizure:
  - Starts quickly/gradually \_\_\_\_\_
  - Jerking/stiffening: whole body \_\_\_\_\_  
\_\_\_\_\_
  - part of body \_\_\_\_\_  
\_\_\_\_\_
  - Falls down \_\_\_\_\_
  - Loss of bladder/bowel \_\_\_\_\_
  - Length of typical seizure \_\_\_\_\_
  - Other \_\_\_\_\_
6. Behavior after seizure: \_\_\_\_\_  
\_\_\_\_\_
7. Length of time before able to return to regular activity \_\_\_\_\_

### Other Type(s) of Seizures

1. Type of seizure: \_\_\_\_\_
2. Age when diagnosed: \_\_\_\_\_
3. Frequency of seizures: \_\_\_\_\_
4. Triggers: \_\_\_\_\_  
\_\_\_\_\_
4. Aura or warning of seizure: \_\_\_\_\_  
\_\_\_\_\_
5. Description of seizure:
  - \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  - Loss of bladder/bowel \_\_\_\_\_
  - Length of typical seizure \_\_\_\_\_
  - Other \_\_\_\_\_
6. Behavior after seizure: \_\_\_\_\_  
\_\_\_\_\_
7. Length of time before able to return to regular activity \_\_\_\_\_

### Parent/Guardian/Emergency Contacts:

**Name:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Phone:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Phone:**

\_\_\_\_\_  
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