

**Antelope Valley Union High School District
Seizure Record**

Student				DOB	
Date	Seizure start time	Seizure end time	Observation and recovery time (in minutes)		
AURA – student’s description of preceding events					
****DESCRIPTION OF SEIZURE ACTIVITY****					
BODY	Yes	No	BEHAVIOR	Yes	No
Stiffening (tonic)			Yelling / screaming		
Jerking (clonic)			Complaint of headache / stomach ache		
Went limp (tone loss)			No response to verbal stimuli		
Loss of bladder control			Unresponsive to all stimuli		
Loss of consciousness / orientation			Other describe:		
Lethargy / tiredness / dizziness			EYES		
Change in color or breathing pattern			Staring		
Hyperventilation			Blinking		
Side of body involved left right			Turned to side		
Fell during seizure			Pupil change		
SKIN COLOR			Nystagmus (eyes shaking)		
Blue lips			Rolled back		
Grayish / pale					
Flushed / sweating					
No change					
****POST SEIZURE ACTIVITY****					
Sleeping – duration			If Diastat was given, was it recorded on the medication log? <input type="checkbox"/> yes <input type="checkbox"/> no		
Sleeping – location			Was privacy of student maintained? <input type="checkbox"/> yes <input type="checkbox"/> no		
Was the parent notified? <input type="checkbox"/> yes <input type="checkbox"/> no What time? _____ By whom?			Did the student go home? <input type="checkbox"/> yes <input type="checkbox"/> no With whom?		
Was the student returned to class? <input type="checkbox"/> yes <input type="checkbox"/> no What time? _____ a.m. / p.m. What teacher was informed? _____			Person witnessing seizure and completing this form Name _____		