



Medical Seizure Incident Report

To be completed and copied to the parent when a seizure occurs.

Date prepared _____ Prepared by _____

Date of incident _____ Time of incident: _____

How long did the seizure last? _____

How long did the student sleep after? _____

Before the seizure – comments of what was going on prior to incident:

Name of individual(s) (directly involved):

Location of incident (where it happened and what class or area)

Person(s) contacted (name, position and contact number)

During the seizure – action taken (what did you do):



Comment on what the patient did regarding the following:

Were arms extended _____ Were eyes rolled back _____

Were teeth clinched _____ The grand mall seizure was for how long _____

How long did trembling occur before falling asleep? _____ minutes of trembling

After the seizure (comments on how the student behaved following the seizure):

Signature: _____

Date: _____