H2H SEIZURE LOG

Student: ______________________________

Date/Time	Activity before Seizure	**Type** of seizure OR describe seizure	Duration	Injury		Signature/ Title	**Description** / Meds Given / Parents Notified?
				Yes	*No*		

Updated 5/7/2019

Type: ☐ Simple Partial ☐ Complex Partial ☐ Secondary Generalized

☐ Atonic ☐☐ Tonic ☐ Clonic ☐ Tonic-Clonic ☐ Myoclonic

☐Atypical Absence ☐☐ Absence ☐ Infantile Spasms (cluster)

Description: ☐ Loss of ability to communicate ☐ Loss of urinary/bowel

☐ Automatic repeated movements ☐ Change in awareness

☐ Muscle stiff / twitch in ________

H2H SEIZURE LOG | Student: ______________________________

Date/Time	Activity before Seizure	Type of seizure OR describe seizure	Duration	Injury		Signature/ Title	Description / Meds Given / Parents Notified?
				Yes	*No*		

Updated 5/7/2019

Type: ☐ Simple Partial ☐ Complex Partial ☐ Secondary Generalized

☐ Atonic ☐☐ Tonic ☐ Clonic ☐ Tonic-Clonic ☐ Myoclonic

☐Atypical Absence ☐☐ Absence ☐ Infantile Spasms (cluster)

Description: ☐ Loss of ability to communicate ☐ Loss of urinary/bowel

☐ Automatic repeated movements ☐ Change in awareness

☐ Muscle stiff / twitch in ________

H2H SEIZURE LOG

Student: ______________________________

Date/Time	Activity before Seizure	**Type** of seizure OR describe seizure	Duration	Injury		Signature/ Title	**Description** / Meds Given / Parents Notified?
				Yes	*No*		

Updated 5/7/2019

Type: ☐ Simple Partial ☐ Complex Partial ☐ Secondary Generalized

☐ Atonic ☐☐ Tonic ☐ Clonic ☐ Tonic-Clonic ☐ Myoclonic

☐Atypical Absence ☐☐ Absence ☐ Infantile Spasms (cluster)

Description: ☐ Loss of ability to communicate ☐ Loss of urinary/bowel

☐ Automatic repeated movements ☐ Change in awareness

☐ Muscle stiff / twitch in ________