

SEIZURE PROTOCOL

Name: _____ DOB: _____
Diagnosis: _____
Emergency Contact: _____ PHONE: _____

__name_____s MEDICAL History:

MEDICATIONS:

HISTORY: _____name_____ has a history of Petit Mal seizures, display by _____ for
____Seconds/minutes.

Grand Mal seizures display as follows:

NOTE:

If _____ has a seizure lasting longer than _____ minutes:

1. Call: parent: name: _____ phone: _____
2. Call 911 if seizure lasts longer than 5 minutes and no rescue medications are available.