



South Lyon Community Schools

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Linda M. Raye, Director of Special Services

EMERGENCY RECORDING FOR A SEIZURE

To be filled out by school staff/witness and filed in student file

Student Name: _____ Birthdate: _____ Date: _____

School: _____ Teacher: _____

1. Approximate time of onset: _____

2. Student's activities immediately preceding seizure: _____

3. Description of seizure or behavior: _____

4. Student's behavior after seizure: _____

5. How long did seizure last? _____

6. Were there any injuries? YES NO If yes, describe: _____

7. Actions taken by teacher/observer _____

Received by: _____ Date: _____