OBSERVATION REPORT

EPILEPTIC SEIZURE IN A SCHOOL ENVIRONMENT

School _____ Group _____ **To be given to parents**

Name of student: _____

Date of birth: _____

When did the seizure take place? Date _____ (YYYY/MM/DD) Time: _____ (HH:MM)

When a student has an epileptic seizure at school, a teacher or other witness to the event should record the information requested below. This information is needed for the child's parents and doctor to ensure optimal medical follow-up.

Please describe what happened:

Before the seizure: (e.g. Where was the student? What was he/she doing? How did he/she react?)

_____

_____

_____

During the seizure: (e.g. How did the student react? Did he/she fall? Did he/she have convulsions? Which parts of the body were affected? Was he/she conscious? What was the skin colour?)

_____

_____

_____

After the seizure: (e.g. How did the student behave? Did he/she seem disoriented, tired?)

_____

_____

_____

How long did the seizure last? Start time: _____ (HH :MM) End time: _____ (HH :MM)

Did the student injure himself/herself during the seizure? Yes ☐ No ☐

If yes, describe: _____

Comments or additional information: _____

Name and position of seizure witness: _____ Date : _____ (YYYY/MM/DD)

Nurse informed? Yes ☐