

# Dallas School District #2 - Seizure Log

Student Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Date	Start Time	End Time	Description/Comments	Initials

Initial\_\_\_\_\_ Signature\_\_\_\_\_

Initial\_\_\_\_\_ Signature\_\_\_\_\_

Initial\_\_\_\_\_ Signature\_\_\_\_\_

Call 911 if:

- Seizure lasts more \_\_\_\_minutes (per HMP)
- Student has difficulty or stops breathing  
*Initiate CPR if respirations cease*
- Cluster of seizures 5 to 15 minutes apart and parent/guardian cannot be reached
- Any time Diastat is administered