



Caregiver Notification Sheet

This sheet provides teachers and/or daycare staff with a history of your child's seizures and emergency contact information.

This child has been diagnosed with a seizure disorder. Please refer to the following information if a seizure occurs while in your care.

Child's Name: _____ Date Completed: _____

Type of Seizure(s)	Description*	
<input type="checkbox"/> Absence	• Staring	• Loss of awareness
<input type="checkbox"/> Simple partial	• Remains conscious • Distorted sense of smell/hearing/sight	• Involuntary rhythmic jerking/twitching on one side
<input type="checkbox"/> Complex partial	• Confused • Not fully responsive/unresponsive	• May appear fearful • Purposeless, repetitive movements
<input type="checkbox"/> Generalized tonic-clonic	• Convulsions • Stiffening • Breathing may be shallow	• Unconsciousness • Confusion or weariness

* Child may experience some or all of the listed symptoms during a specific seizure.

Possible warning signs and/or behavior changes prior to the seizure _____

Average frequency _____

Usual time of day seizure occurs _____

Average length of time seizure lasts _____

Other areas requiring your attention _____

Emergency Contact Numbers

Parent/Guardian name _____ Phone _____

Physician name _____ Phone _____