

Seizure Calendar

Child's Name: _____ Month: _____ Year: _____

Sunday	Monday	Tuesday	Wednesday	Thursday	Saturday	Sunday

Instructions: Fill in the month and all dates. Document when your child has a seizure, how long the seizure lasts, and what your child did during the seizure. You can document more than one seizure per day if needed. Make copies of this calendar for the following months and bring this to clinic visits.

