

Face Sheet

Date Updated

Signed By

Name of Patient

Date of Birth

Current Weight

Allergies

Nutritional Info
(any special diet,
foods to avoid, etc)

Pediatrician
Contact Information:

Neurologist
Contact Information:

Other Health Care
Professional Contact
Information:

PATIENT OVERVIEW

Includes diagnosis, seizure type, frequency, and length, and specific instructions for handling seizures.

CURRENT MEDICATIONS AND DOSAGE

CONTRAINDICATED MEDICATIONS: DO NOT ADMINISTER THESE MEDICATIONS TO PATIENT AT ANY TIME

Blank area for listing contraindicated medications.

HOME EMERGENCY PLAN [ACTION TO TAKE AT SEIZURE ONSET AND CONTINUED SEIZURES]

Blank area for describing the home emergency plan.

INSTRUCTIONS FOR PARAMEDICS/EMS [MEDICATIONS, ADMINISTRATION]

Blank area for providing instructions for paramedics/EMS.

INSTRUCTIONS FOR EMERGENCY ROOM [MEDICATIONS, ADMINISTRATION]

Blank area for providing instructions for the emergency room.

Signed By

Blank area for the signature.