



Westfield Community Centre
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EPILEPSY PROCEDURE (Please include any protocol you have for your child)

We are aware that your child has Epilepsy and it would be very helpful for us to have some more details.

NAME OF CHILD _____

ARE SEIZURES FREQUENT? YES / NO

IF YES, PLEASE STATE DATE OF LAST SEIZURE _____

ESTIMATED DURATION OF SEIZURE _____

Are there any known triggers or early warning signs? If so, please give more details:

In the event of a seizure, what procedure is normally followed?

Signed _____

Date _____