

See inside for important information

My seizure
Information Card

Identification Information

My name is _____

I live at (address) _____

City _____ State _____ ZIP code _____

I HAVE EPILEPSY and take the following medication(s):

SOME SIGNS I'M HAVING A SEIZURE:

WHAT TO DO UNTIL HELP ARRIVES:

- Time the seizure
- Speak calmly
- Don't put anything in my mouth
- Don't grab or hold me
- Explain to others I am having a seizure
- Block hazards so I don't get hurt

If I am having a seizure, please contact:

Name _____

Relationship _____

Home phone number _____

Work phone number _____

Cell phone number _____

Doctor's name _____

Doctor's phone number _____