



QUESTIONNAIRE FOR PARENT OF A STUDENT WITH SEIZURES

Please complete all questions. This information is essential for the school nurse and school staff in determining your student's special needs and providing a positive and supportive learning environment. If you have any questions about how to complete this form, please contact your child's school nurse.

CONTACT INFORMATION

Student's Name _____ School Year _____ Date of Birth _____
School _____ Grade _____ Classroom _____
Parent/Guardian Name _____ Tel. (B): _____ (W) _____ (C): _____
Other Emergency Contact _____ Tel. (B): _____ (W) _____ (C): _____
Child's Neurologist: _____ Tel _____ Location _____
Child's Primary Care Dr. _____ Tel _____ Location _____
Significant medical history or conditions: _____

SEIZURE INFORMATION

1. When was your child diagnosed with seizures or epilepsy? _____

2. Seizure type(s):

<i>Seizure Type</i>	<i>Length</i>	<i>Frequency</i>	<i>Description</i>

3. What might trigger a seizure in your child? _____

4. Are there any warnings and/or behavior changes before the seizure occurs? YES NO

If YES, please explain _____

5. When was your child's last seizure? _____

6. Has there been any recent change in your child's seizure patterns? YES NO

If YES, please explain _____

7. How does your child react after a seizure is over? _____

8. How do other illnesses affect your child's seizure control? _____

BASIC FIRST AID: Care and Comfort Measures

9. What basic first aid procedures should be taken when your child has a seizure in school? _____

Basic Seizure First Aid:

- * Stay calm & track time
- * Keep child safe
- * Do not restrain
- * Do not put anything in mouth
- * Stay with child until fully conscious
- * Record seizure in log
- For tonic-clonic (grand met) seizure**
- * Protect head
- * Keep airway open/watch breathing
- * Turn child on side

Parent/Guardian Signature: _____ Date: _____



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SEIZURE EMERGENCIES

10. Please describe what constitutes an emergency for your child? (Answer may require consultation with treating physician and school nurse.) _____

11. Has child ever been hospitalized for continuous seizures? YES NO
If YES, please explain _____

A Seizure is generally considered an Emergency when:

- * A convulsive (tonic-clonic) seizure lasts longer than 5 minutes
- * Student has repeated seizures without regaining consciousness
- * Student has a first time seizure
- * Student is injured or diabetic
- * Student has breathing difficulties
- * Student has a seizure in water

SEIZURE MEDICATION AND TREATMENT INFORMATION

12. What medication(s) does your child take?

Medication	Date Started	Dosage	Frequency and time of day taken	Possible side effects

13. What emergency/rescue medications needed medications are prescribed for your child?

Medication	Dosage	Administration Instructions (timing* & method**)	What to do after administration

*After 2nd or 3rd seizure, for cluster of seizure, etc. ** Orally, under tongue, rectally, etc.

14. What medication(s) will your child need to take during school hours? _____

15. Should any of these medications be administered in a special way? YES NO

If YES, please explain: _____

16. Should any particular reaction be watched for? YES NO

If YES, please explain: _____

17. What should be done when your child misses a dose? _____

18. Should the school have backup medication available to give your child for missed dose? YES NO

19. Do you wish to be called before backup medication is given for a missed dose? YES NO

20. Does your child have a Vagus Nerve Stimulator? YES NO

If YES, please describe instructions for appropriate magnet use: _____

SPECIAL CONSIDERATIONS & PRECAUTIONS

22. Check all that apply and describe any considerations or precautions that should be taken

- | | |
|---|---|
| <input type="checkbox"/> General health _____ | <input type="checkbox"/> Physical education (gym)/sports: _____ |
| <input type="checkbox"/> Physical functioning _____ | <input type="checkbox"/> Recess: _____ |
| <input type="checkbox"/> Learning: _____ | <input type="checkbox"/> Field trips: _____ |
| <input type="checkbox"/> Behavior: _____ | <input type="checkbox"/> Bus transportation: _____ |

Parent/Guardian Signature: _____ Date: _____