

STUDENT SEIZURE QUESTIONNAIRE

SECTION 1 – CONTACT INFORMATION

Student Name: _____		DOB: _____
Building: _____	Grade: _____	Classroom: _____
Parent/Guardian Name: _____		
Tel. (H): _____	(W): _____	(C): _____
Other Emergency Contact: _____		
Tel. (H): _____	(W): _____	(C): _____
Child's Neurologist: _____		Tel: _____
Address: _____		
Child's Primary Care Provider: _____		Tel: _____
Address: _____		
What is the best way for us to communicate with you about your child's seizures? _____		
Significant medial history or conditions: _____		

SECTION 2 – SEIZURE INFORMATION

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

2. Seizure Type(s)	Length	Frequency	Description

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

4. Are there any warning signs 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? _____

8. Has child ever been hospitalized for continuous seizures? Yes No If yes, please explain: _____

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

<p>Basic Seizure First Aid:</p> <ul style="list-style-type: none"> ✓ 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 <p><u>For tonic-clonic (grand mal) seizure:</u></p> <ul style="list-style-type: none"> ✓ Protect head ✓ Keep airway open/watch breathing ✓ Turn child on side 	<p>10. What additional procedures should be taken when your child has a seizure in school?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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STUDENT SEIZURE QUESTIONNAIRE

<p>A Seizure is generally considered an Emergency when:</p> <ul style="list-style-type: none"> ✓ 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 	<p>11. Please describe what constitutes an emergency for your child? (Answer may require consultation with treating physician and school nurse)</p> <p>_____</p> <p>_____</p> <p>_____</p>
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SECTION 3 - SEIZURE MEDICATION & TREATMENT INFORMATION

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

Medication Name:	Date Started	Dosage	Frequency & time of day taken	Possible side effects

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

Medication Name	Dosage	Administration Instructions* *	What to do after administration:**

**For example: After 2nd or 3rd seizure, for cluster seizures, etc. *Orally, under tongue, rectally, etc. **Call 911, call parent, etc.*

14. What daily 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. Does your child have a Vagus Nerve Stimulator? Yes No If yes, please describe instructions for appropriate use of magnet: _____

18. Will there be a back up magnet kept in school? Yes No If yes, location: _____

19. Will your child need to wear a protective helmet in school? Yes No

SECTION 4 - SPECIAL CONSIDERATIONS

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

<input type="checkbox"/> General Health: _____	<input type="checkbox"/> Physical education/Sports: _____
<input type="checkbox"/> Physical Functioning: _____	<input type="checkbox"/> Recess: _____
<input type="checkbox"/> Learning: _____	<input type="checkbox"/> Bus Transportation: _____
<input type="checkbox"/> Behavior: _____	<input type="checkbox"/> Field Trips: _____
<input type="checkbox"/> Mood/Coping: _____	<input type="checkbox"/> Other: _____

Information necessary for the care of your child will be shared with appropriate school personnel including but not limited to: teachers, classroom aide, bus driver, playground personnel, and principal/administrator. Your signature gives us this consent.

Parent/Guardian Signature: _____ Date: _____

Dates Updated: _____, _____, _____

Please complete form and return to your child's school nurse.

Nurse: _____ Phone: _____ Fax: _____