

SEIZURE QUESTIONNAIRE



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. (H): (W): (C):
 Other Emergency Contact: Tel. (H): (W): (C):
 Child's Neurologist: Tel: Location:
 Child's Primary Care Dr.: Tel: Location:
 Significant medical history or conditions:

SEIZURE INFORMATION:

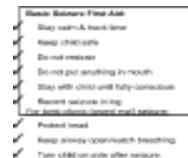
- When was your child diagnosed with seizures or epilepsy?
- Seizure type(s):

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

- What might trigger a seizure in your child?
- Are there any warnings and/or behavior changes before the seizure occurs? YES NO
 If YES, please explain:
- When was your child's last seizure?
- Has there been any recent change in your child's seizure patterns? YES NO
 If YES, please explain:
- How does your child react after a seizure is over?
- How do other illnesses affect your child's seizure control?

BASIC FIRST AID: Care and Comfort Measures

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



- Will your child need to leave the classroom after a seizure? YES NO

If YES, What process would you recommend for returning your child to classroom:

SEIZURE EMERGENCIES

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

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

12. Has child ever been hospitalized for continuous seizures? YES NO

If YES, please explain:

SEIZURE MEDICATION AND TREATMENT INFORMATION

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

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

14. 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.

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

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

If YES, please explain:

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

If YES, please explain:

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

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

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

If YES, please describe instructions for appropriate magnet use:

GENERAL COMMUNICATION ISSUES

21. What is the best way for us to communicate with you about your child's seizure(s)?

SPECIAL CONSIDERATIONS & PRECAUTIONS to be completed with the SCHOOL NURSE

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

- General health/coping
- Physical functioning
- Physical Education/sports

- Recess:
- Field Trips:
- Bus Transportation:
- Other:

Parent/Guardian Signature:

Date: _____

School Nurse Signature:

Date: _____ Dates Updated: _____, _____