Wausau School District

Seizure Parent Questionnaire

Student Name _____ Date of birth _____ Grade ____
Parent/Guardian _____
Home Phone _____ Work _____ Cell _____
Primary Health Care Provider _____ Phone _____
Neurologist _____ Phone _____

SEIZURE INFORMATION

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

2.

Seizure Type	*Length*	*Frequency*	*Description*

3. What might trigger a seizure in your child? _____
4. Are there any warnings and/or behavior changes before the seizure occurs? Y/ N If yes, explain:
   _____
5. When was your child's most recent seizure? _____
6. Has there been any recent change in your child's seizure patterns? Y/ N If yes, explain:
   _____
7. How does your child react after a seizure is over? _____
8. How do other illnesses affect your child's seizure control? _____
9. In addition to basic seizures first aid, what comfort measures should be taken if your child has a seizure at school? _____
10. Will your child need to go home after a seizure? Y/N If s/he may remain in school, what process do you recommend for returning your child to the classroom? _____
    _____

SEIZURE EMERGENCIES

11. Describe what is a seizure emergency for your child. _____
    _____

12. Has your child ever been hospitalized for continuous seizures? Y/N If yes, explain: _____
_____

MEDICATIONS AND TREATMENT

13. What medications does your child take?

Medication	Dosage	Time	Possible side effects

14. What medications will your child need to take at school? _____

15. What emergency /rescued medications are prescribed for your child?

Medication	Dosage	Administration Instructions (timing* and method**)

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

17. Should any particular reaction be watched for? Y/N If yes, explain: _____
_____

SPECIAL CONSIDERATIONS & PRECAUTIONS

18. Check and describe any precautions that should be taken.
    - □ General health _____
    - □ Physical functioning _____
    - □ Learning _____
    - □ Behavior _____
    - □ Mood/coping_____
    - □ Physical education/sports _____
    - □ Recess _____
    - □ Field trips _____
    - □ Bus transportation _____
    - □ Other _____

Parent/Guardian Signature _____ Date _____