

ST. MARY'S COUNTY PUBLIC SCHOOLS
Department of Student Services/Health Department

PARENTS/LEGAL GUARDIANS QUESTIONNAIRE FOR STUDENTS WITH SEIZURES

Student Name _____ D.O.B. _____ School Year _____
 School _____ Grade _____ Date _____

Dear Parents/Legal Guardians:

You have indicated that your child has seizures. In order to give the appropriate care, we request that you complete this form and return it to the school nurse. This information will be used to develop an emergency action plan for your child, if needed. If there is any change in this information during the school year, please notify the school nurse.

Seizure Information:

1. When was your child diagnosed with seizures?
2. Date of first seizure:
3. Frequency of seizures:
4. Date of last seizure:
5. Please indicate type of seizure: Generalized-Tonic Clonic/Grand Mal Petit Mal Febrile
 Myoclonic Jacksonian Partial Simple Partial Complex Partial Absence/Patit Mal
 Other (specify)

6. Please indicate:

Average Length	Description

7. What might trigger a seizure in your child?
8. Are there any warnings and/or behavior changes before the seizure occurs? Yes No
 If Yes, please explain:
9. Has there been any recent change in your child's seizure patterns? Yes No
 If Yes, please explain:
10. How does your child react after a seizure is over?
11. How do other illnesses affect your child's seizure control?

Basic First Aid: (Care and Comfort Measures)

12. 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 mal) seizure:

- ✓ Protect head
- ✓ Keep airway open/watch breathing
- ✓ Turn child on side

PARENTS/LEGAL GUARDIANS QUESTIONNAIRE FOR STUDENTS WITH SEIZURES (CONTINUED)

13. 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 the classroom (if applicable):

Seizure Emergencies:

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

A seizure is generally considered an emergency when:
 ✓ A convulsive (tonic-clonic) seizure lasts longer than five 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

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

Seizure Medication and Treatment Information:

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

Medication	Date Started	Dosage	Frequency and Time of Day Taken	Possible Side Effects
1.				
2.				
3.				

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

Medication	Dosage	Administration Instructions
1.		
2.		

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

19. Should any of these medications be administered in a special way? Yes No
 If Yes, please explain:

20. Should any particular reaction be watched for? Yes No
 If Yes, please explain:

21. Does your child have a Vagus Nerve Stimulator? Yes No
 If Yes, please describe instructions for appropriate magnet use:

Special Considerations and Precautions:

Check all that apply and describe any considerations or precautions that should be taken. *(The impact of your child's seizures or treatment regimen)*

- | | |
|---|--|
| <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 |
| <input type="checkbox"/> Mood/Coping | |
| <input type="checkbox"/> Other | |

General Communication Issues:

Can this information be shared with classroom teacher(s) and other appropriate school personnel? Yes No

Parents'/Legal Guardians' Signature

Date